

Volunteer Application Form

Office Use Only: _____
 Application Received: _____
 Ministry of Justice Check: _____
 Interviewed: _____
 Entered on Database: _____
 Task Training: _____

SURNAME: <i>(Mr, Ms, Miss, Mrs)</i>		FIRST NAME(S): Preferred Name:	
ADDRESS:			PHONE: (H) (M)
EMAIL: <i>Please tick if you are happy to receive updates etc by email.</i>	DOB: <i>(this is for the purpose of acknowledging volunteer birthdays –year is optional)</i>	MARITAL STATUS: <i>(Optional)</i>	
EMERGENCY CONTACT: <i>(Name, address & phone)</i>			
What personal qualities make you suitable for hospice work?			
Do you have a current drivers licence?	Yes	No	
Do you have access to a car?	Yes	No	
Are you willing to transport people occasionally?	Yes	No	
Have you any previous experience in volunteer work?	Yes	No	
If yes, please describe where and what you did:			
Are you currently doing other volunteer work?	Yes	No	
If yes, where and what do you do:			

What type of work would you like to do for the hospice:

Patient Contact Services		Non-Patient Contact
Serving meals/refreshments	Transporting patient/families	Fundraising/raffle selling/special events (*See below)
Community Support/Sitting with patients	* Reception/phones	Equipment Delivery/pick up
Life story & letter writing		Hospice Shop
Day Programme		Hospital Information Desk
*If fundraising please identify activities you can help with		
Event planning/organisation Workgroup	BBQ's	Raffle selling
Gofer - Pick up & Drop off things	General	
Do you have other skills which could be used in fundraising i.e Chef/Event management/admin etc.		

Which day suits you best?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
							a.m
							p.m

Do you have any medical conditions or physical limitations that could affect your ability to undertake this role? Yes No

Are you currently aware of any medical condition that may put others at risk - Staff or Patients? E.g. TB or other infectious conditions Yes No

If yes, details please:

Have you experienced personal bereavement, who and when did this happen?

What did you learn from the experience?

Name, address and contact phone of two personal referees:

NAME	RELATIONSHIP TO	ADDRESS & PHONE NUMBER

Do you have any criminal convictions?

Yes

No

(Please note that we require consent for Ministry of Justice Vetting from all applicants)

If you answered yes, what was the offense and when did it occur:

By signing this form, you also agree to notify Hospice Marlborough if you are ever convicted of a criminal offence.

I declare that all the information provided by me in support of my application is correct. I acknowledge that if I have provided incorrect or misleading information, or have omitted information of significance I may be disqualified from becoming a Volunteer, or if appointed, liable to be dismissed.

SIGNED: _____

DATE: _____

If placed in a volunteer position I agree to attend the Volunteer Training Programme and to work within Hospice Protocols, as outlined during training.

Please return to: Volunteer Coordinator, Hospice Marlborough, PO Box 46, Blenheim 7240

The personal information contained in this form will be held by and remain confidential to Hospice Marlborough and will be used for Hospice related activities only.

Under the Privacy Act 1993, you have the right (with certain exceptions) to request access to, and correction of, any personal information held by Hospice Marlborough.

HOSPICE MARLBOROUGH VOLUNTEER WORKER'S AGREEMENT

BETWEEN

Hospice Marlborough

AND

_____ (Volunteer worker)

This agreement is entered into under the following conditions:

Conditional offer subject to Ministry of Justice Check if position is working with Vulnerable People

Due to the nature of the work carried out by some volunteer roles within Hospice Marlborough which involve working with vulnerable people, it is a requirement to have a criminal history check as part of the application process for such positions. A police vet or Ministry of Justice (MOJ) check must be completed by the volunteer if they are engaged in a role working with vulnerable people. If, as advised during the recruitment process, this position involves working with vulnerable people this offer is subject to the receipt of a police vet report or Criminal Conviction History report acceptable to Hospice Marlborough and renewal of that police vet/MOJ check at intervals. If, when a police vet/MOJ check is received by Hospice Marlborough it contains information that Hospice Marlborough considers makes you unsuitable for a volunteer engagement this offer may be withdrawn or if you have commenced work your engagement may be terminated forthwith.

It is also a requirement of a position which involves working with vulnerable people that the volunteer consents to a follow-up police vet/MOJ check which may be required at 2 or 3 year intervals and that they undertake to inform their manager of any criminal conviction received or any charges pending in a court of law while they are engaged as a volunteer.

Hospice Marlborough will:

- Give volunteers task related training (where appropriate).
- Be available to help solve and/or listen when problems arise.
- Place volunteers in tasks that will be rewarding.
- Maintain a supportive relationship with volunteers at all times.
- Listen to ideas of volunteers and be willing to share together in short-term planning objectives.
- Provide a safe environment

The volunteer will:

- Reliably attend at agreed times.
- Follow any lawful instruction from Management.
- Attend training. and develop task related skills
- Have a positive attitude and be open to new ideas.
- Be loyal to Hospice Marlborough.
- Communicate positively and maintain good working relationships with staff and clients.
- Abide by the House Rules, and follow Safety Procedures and Work Safely at all times.
- Immediately inform Management if any criminal charges are laid against the volunteer.

The Volunteer will not:

- Remove any property or materials from Hospice Marlborough
- Copy any materials without the permission of the Manager.
- Incur any expenditure without the Manager's permission.
- Make any statement to the media at any time regarding Hospice Marlborough, its staff or patients.

It is agreed that the time and the skill offered to Hospice Marlborough is volunteered and not subject to payment. Reimbursement may be made for task related expenses incurred if prior agreement has been obtained from management.

CONFIDENTIALITY

It is agreed that the parties to this agreement will maintain strict standards of confidentiality and professional ethics and will abide by the Code of Ethics and Management Policies in use at Hospice Marlborough is to be held in strict confidence under all circumstances and may not be given to any person without approval from the Manager. Note that information supplied by the Police/ MOJ check may be retained by Hospice Marlborough for audit purposes. Violation of this requirement will be cause for termination of this agreement.

This agreement is to commence on and is to be reviewed on

☐ I have read and full understand the conditions of this agreement and the job description.

Name of Volunteer: Signature: Date:

Hospice Marlborough Volunteer Coordinator: Signature: Date:

Attachments

- 1. Job Description
- 2. Computer Code of Conduct (if applicable)

Request for **Criminal Conviction History – Third Party**

Confidential when completed

REQUEST BY THIRD PARTY UNDER THE PRIVACY ACT 1993 FOR A COPY OF AN INDIVIDUAL'S CRIMINAL CONVICTIONS HELD ON THE MINISTRY OF JUSTICE'S COMPUTER SYSTEMS.



How to fill out this form and the definitions used in this form

1. You will have been provided this form by a third party* to complete
2. Complete all the questions from Step 2 on – start with “Your details”
3. Please write as neatly as possible
4. Send back to the third party for them to check and send off.

***Third party** is the person, potential employer or recruitment agency who has requested the criminal conviction check and will be sent the results. (The third party must complete the front page of this form).

Step 1 **Third party to complete this section**

Third party name details

Full name of third party:

Full name of the person or organisation the third party **is acting for** (if applicable):

(i.e. the person or organisation who requested the third party to carry out a criminal conviction check).

Third party reference number (if applicable):

Third party return address details

Name of the person to return request information to:

PO Box or

Street Address:

Suburb:

Town/City:

State/Province:

Post Code:

Country:

Signature of third party:



OFFICE USE ONLY
MOJ REQUEST NUMBER

Step 2 Your details (please print)



Important: make sure the name and date of birth you write in here matches your identification in Step 3

Your Personal Details

Surname: First name:

Middle names (separated by commas):

Date of birth: Male ☐ Female ☐

Place of birth:

Telephone: Mobile:

Email:

Previous names – Maiden names, other names you are known as, or have used

Surname	First name	Middle names (separated by commas)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Your Postal Address

PO Box or Street address:

Suburb:

Town/City:

State/Province:

Post Code: Country:

Current residential address if different to postal address

Street address:

Suburb:

Town/City:

State/Province:

Post Code: Country:

Please list any other New Zealand addresses you have lived at in the last 10 years

Street address:			
Suburb:			
Town/City:		Post Code:	
Street address:			
Suburb:			
Town/City:		Post Code:	
Street address:			
Suburb:			
Town/City:		Post Code:	

Step 3 Your identification



Please attach a legible photocopy of your identification which must contain your signature. This can be any one of the following:

- ☐ **New Zealand Driver Licence** – can be current or expired within the last 2 years, but cannot be cancelled, defaced or a temporary licence.
- ☐ **New Zealand Passport** – can be current or expired within the last 2 years, but cannot be cancelled or defaced. Must show your signature.
- ☐ **Overseas Passports** – must be current and cannot be expired, cancelled or defaced. Must show your signature.
- ☐ **New Zealand Firearms Licence** – must be current and cannot be expired or defaced.
- ☐ If you do not have any of these forms of identification, you will need to complete Step 5.

Step 4 Your authority to release information to a third party

I authorise the Criminal Records Unit, Ministry of Justice, to release a copy of my criminal convictions, subject to section 7 of the Criminal Records (Clean Slate) Act 2004, to the third party.

Tick the report required

Criminal and traffic convictions report ☐ Traffic convictions report ☐

I want a copy of the information provided to the third party Yes ☐ No ☐

Your signature:

X

Date:

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Step 5 Proof of identity

Only complete if you do not have a driver licence, passport or firearms licence

You will need to ask someone who can confirm your identity to fill in this section. If you are unable to get someone to complete Step 5, then you must complete a statutory declaration. The relevant form can be obtained from your local District Court or go to www.justice.govt.nz/services/criminal-records

The person who identifies you must:

- ✓ Have known you for more than 12 months
- ✓ Be aged 18 years or over
- ✓ Have a day time phone number and be contactable during normal business hours
- ✗ Not be a relative (a relative is a person connected by blood or marriage), and
- ✗ Not live at the same address.

Identifier to complete

Identifier's surname:	<input type="text"/>		
Identifier's first name:	<input type="text"/>		
Identifier's middle names (<i>separated by commas</i>):	<input type="text"/>		
PO Box or Street address:	<input type="text"/>		
Suburb:	<input type="text"/>		
Town/City:	<input type="text"/>		
State/Province:	<input type="text"/>		
Post Code:	<input type="text"/>	Country:	<input type="text"/>
Telephone:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>		

I declare that I have personally known

Surname:	<input type="text"/>		
First name:	<input type="text"/>		
Middle names (<i>separated by commas</i>):	<input type="text"/>		
For	<input type="text"/>	years and vouch for their identity.	

Signature of the identifier:	<div></div> <input type="text"/>
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Checklist for the third party



Please ensure this form is fully completed to avoid processing delays.

☐

Step 1: Third party contact name and address details are completed in full, otherwise we will return this request to the "individual" (person you sent the form to for completion).

☐

Step 2: Contains individual's full name and date of birth.

☐

Step 3: Copy of individual's identification is attached to this request; and, the signature on the identification matches the individual's signature in Step 4.

☐

Step 4: The individual has authorised this request by signing and dating the form.

☐

Step 5 (if applicable): Confirmation of the individual's identity if they do not have a valid identification.

Sending your form to the Ministry

Send this form and copy of identification to:

Criminal Records Unit, Ministry of Justice, National Office, SX 10161, Wellington.

Service standard

The Ministry of Justice will process this request within the agreed service delivery times in your contract with the Ministry of Justice. If you do not hold a contract with the Ministry of Justice, we will endeavour to process this request within 20 working days of the date we receive this completed application.