



VOLUNTEER APPLICATION FORM

Office Use Only:

- Application received: _____
- Interview booked: _____
- Interview conducted: _____
- Vetting form signed: _____
- Reference Check: _____
- Info Pack sent: _____

Thank you for your offer of volunteer support with Hospice Marlborough. We hope that you will find your volunteering experience rewarding.

| | | | |
|---|-------------|-------------|--------------------------------|
| Full Name | | | |
| Prefer to be known as | | | Title Mr./Mrs./Miss/Ms. |
| Address | | | |
| | | | Postcode |
| Phone | Home | Work | Mobile |
| Email address <small>(please print clearly)</small> | | | Date of Birth |
| Occupation | | | |
| Emergency Contact <small>(name, relationship, phone)</small> | | | Phone |
| Please specify your ethnic origin: (please circle) | | | |
| European Asian Maori Pasifika Middle Eastern/Latin American/African | | | |
| Other: <i>(please state)</i> | | | |
| Do you speak any other language, apart from English (please state)? | | | |
| | | | |

Please provide as much information as you can on the following questions:

| |
|---|
| What personal qualities make you suitable for Hospice volunteer work? |
| If you have previous experience in volunteer work, please describe where and what you did? |
| Are there other interests and skills you could bring to the Hospice? |
| What are your reasons for wanting to volunteer for Hospice Marlborough? |

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

What type of work would you like to do for the Hospice? (Please tick all appropriate)

- Hospice Administration Life stories and letter writing
 Community Support Reception counter Wairau Hospital
 Complementary Therapies Gardening
 Equipment Delivery Hospice Shop
 Fundraising Events

Do you have any medical conditions that may affect your ability to carry out Hospice Volunteer work?
(please outline)

Please indicate a day/time commitment that best suits you to volunteer

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
| am/pm | am/pm | am/pm | am/pm | am/pm | am/pm | am/pm |

Please indicate number of hours per week/month that you can volunteer.

References

Could you please supply the name and contact details of one personal referee who you know will be happy to support your application to become a Volunteer (note that your referee should not be a close relative).

| Name | Relationship | Address | Phone |
|------|--------------|---------|-------|
| | | | |

All roles with Hospice Marlborough require a Police / Ministry of Justice check.

Applicants are requested to sign a consent form for Police / Ministry of Justice vetting at the initial interview. All information received from the New Zealand Police/ Ministry of Justice is stored confidentially on appointment or, on non-appointment, confidentially destroyed.

Do you have any criminal convictions? Yes No

If you answered yes, what was the offence and when did it occur.

By signing the Volunteer Agreement, you agree to notify Hospice Marlborough if you are ever convicted of a criminal offence.

Acknowledging Hospice Wairarapa for allowing us to use their Volunteer Application form as our guide



VOLUNTEER AGREEMENT

Name: _____ as a volunteer I agree to:

- Abide by and support the philosophy, policy, and guidelines of Hospice Marlborough
- Act in the best interests of the organisation
- Maintain confidentiality and respect and maintain this trust
- Abide by safety and risk management requirements
- Carry out the tasks outlined in the Role Description
- Attend on the agreed time and day or contact the appropriate person if I am not available
- Participate in orientation, meetings, and trainings as required
- Raise any matters of concern with your Line Manager/Volunteer Co Ordinator
- At all times, demonstrate professional behaviour and attitude when dealing with management, staff, other volunteers, patients, families and the public.

The Organisation agrees to:

- Provide orientation, training and support
- Provide a safe working environment
- Reimburse for pre-approved expenses
- Provide information about the organisation
- Provide opportunities for input into the organisation
- Acknowledge and recognise the contribution of volunteers to the organisation

Confidentiality Agreement

I, _____ agree, that any information heard, observed or obtained during my work at Hospice Marlborough shall remain confidential to Hospice Marlborough. I agree that I shall not discuss any confidential information obtained as a volunteer with anyone, other than my direct manager or members of the Hospice Marlborough Management Team as required.

I AGREE to my name and phone number being used within the Hospice Marlborough. The personal information contained in this form will be held by and remain confidential to the management team of Hospice Marlborough Under the Privacy Act 1993, I have the right (with certain exceptions) to request access to, and correction of, any of my personal information held by the Hospice.

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, be liable to be dismissed.

Signed: _____

Date: ___/___/___

Please send your completed Volunteer Application form to:

Volunteer Coordinator, Hospice Marlborough
Deliver: Gate 2 Wairau Hospital, Hospital Road, Blenheim 7201
Post: PO Box 411, Blenheim 7201
Phone: 03 578 9492



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:

Marlborough Hospice Trust

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: P O Box 411

Suburb:

Town/City:

Blenheim

State/Province:

Post Code:

7201

Country: Marlborough

Signature of third party:

X

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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:

Date:

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:

Identifier's first name:

Identifier's middle names (separated by commas):

PO Box or Street address:

Suburb:

Town/City:

State/Province:

Post Code: Country:

Telephone: Mobile:

Email:

I declare that I have personally known

Surname:

First name:

Middle names (separated by commas):

For years and vouch for their identity.

Signature of the identifier:

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.