

Important Note: All Volunteer Application Forms must be accompanied by **ONE** form of identification for any person who is **17 or over**.
We cannot process an application that does not have a form of identification. Accepted forms of identification are listed on **Page 4**.

The information contained in this form is intended solely for Hospice records & statistical purposes & will not be disclosed for any other purposes.

PERSONAL DETAILS				
Full Name:				
Preferred Name:			Date of Birth:	
Ethnicity:	<input type="radio"/> European	<input type="radio"/> Māori	<input type="radio"/> Pacifica	
	<input type="radio"/> MELAA	<input type="radio"/> Asian	<input type="radio"/> Other	
Email Address:				
Address:				
Suburb:				
Town/City:			Post Code:	
Phone Numbers:	Mobile:		Home:	
EMERGENCY CONTACT DETAILS				
Full Name:				
Relationship to you:				
Phone Numbers:	Mobile:		Home:	
HEALTH HISTORY				
Do you have a history of being MRSA (Methicillin-resistant Staphylococcus aureus) positive?	<input type="radio"/> Yes	<input type="radio"/> No		
Have you recently worked in any of the following areas?	Hospital:	<input type="radio"/> Yes	<input type="radio"/> No	
	Overseas Health Facility:	<input type="radio"/> Yes	<input type="radio"/> No	
	Aged Care (e.g. Rest Home):	<input type="radio"/> Yes	<input type="radio"/> No	
Do you currently or have you had in the past any health issues which would make it difficult for you to perform this role OR that you think we need to know about (i.e. back injury, hearing or sight loss, allergies, cognitive impairment etc.)? <i>If "Yes", please give details:</i>	<input type="radio"/> Yes	<input type="radio"/> No		
Do you consent to the Arohanui Hospice Service Trust contacting the Accident Compensation Corporation (ACC) to verify your records indicating any previous injury sustained by you?	<input type="radio"/> Yes	<input type="radio"/> No		

HISTORY & INTERESTS

Occupation:

Current:

Previous:

Do you have a current first aid certificate?

No

Yes (if "Yes" issue date:)

What are your unique skills?

What are you interested in doing / learning about?

What has created your interest in volunteering for Arohanui Hospice?

What do you hope to get out of volunteering?

Have you volunteered for Arohanui Hospice before?

Yes

No

If yes, what role did you volunteer in?

CRIMINAL OFFENCES

*Important Note: You are not required to provide any information that is eligible to be concealed under the Criminal Records (Clean Slate) Act 2004 in response to the questions in this section. If you have any alleged offences outstanding against you, you must declare them below. Any failure to declare is likely to result in your Volunteer Application being turned down. Arohanui Hospice will perform a police check as part of the Volunteer recruitment process. It is necessary to sight and take a copy of **two** forms of your identification (e.g. drivers licence, passport) as part of the police check process.*

Have you ever been convicted on a criminal offence?

Yes

No

If "Yes", please give full details:

Are you awaiting hearing of any charges for any driving offences?

Yes

No

If "Yes", please give full details:

Are you awaiting hearing of any charges for any other offences?	<input type="radio"/> Yes <input type="radio"/> No
<i>If "Yes", please give full details:</i>	
Are you aware of any other charges that Police may be considering laying against you?	<input type="radio"/> Yes <input type="radio"/> No
<i>If "Yes", please give full details:</i>	

AROHANUI HOSPICE VOLUNTEER DUTIES

We are currently looking for people who are keen to learn new skills, build new friendships & help contribute to our Hospice fundraising. There are a range of ways you can make a difference in your community by becoming a volunteer for Arohanui Hospice. Below are a list of Volunteer roles we have available at Arohanui Hospice, please indicate your preferences (you may tick as many as appropriate):

<i>Days, hours & frequency of volunteering will be arranged to suit the individual volunteer</i>				
How often can you help?	<input type="radio"/> Weekly	<input type="radio"/> Fortnightly	<input type="radio"/> Monthly	<input type="radio"/> On-call
Preferred day(s):	<input type="radio"/> Mon	<input type="radio"/> Tue	<input type="radio"/> Wed	<input type="radio"/> Thur <input type="radio"/> Fri <input type="radio"/> Sat <input type="radio"/> Sun
<i>Please note: For health & well-being reasons the maximum number of hours a volunteer can complete each week is 15 hours.</i>				

Arohanui Hospice Shops: We have 4 retail shops which require a range of volunteers to assist with sorting and selling our quality donated goods. While these are the primary duties of the role we are also keen to recruit volunteers who have a creative gene and like to dabble in display and upcycling.

PALMERSTON NORTH	<input type="radio"/> Palmerston North Hospice Shop (Corner of Walding Street and Lombard Street, Palmerston North) Opening hours: Monday to Friday from 9.00am to 4.30pm Saturday from 9.00am to 4.00pm
FEILDING	<input type="radio"/> Feilding Hospice Shop (22-24 Fergusson Street, Feilding) Opening hours: Monday to Friday from 9.30am to 4.00pm Saturday from 10.00am to 1.30pm
LEVIN	<input type="radio"/> Levin Hospice Shop (3 South Road, Levin) Opening hours: Monday to Friday from 9.00am to 4.00pm Saturday from 9.00am to 3.00pm
OTAKI	<input type="radio"/> Otaki Hospice Shop (11-13 Main Street, Otaki) Opening hours: Monday to Friday from 9.30am to 4.00pm Saturday from 10.00am to 3.00pm

Arohanui Hospice Headquarters: Our Arohanui Hospice headquarters has a range of volunteer roles, some of which are vital to the running of our inpatient unit and supporting services.

HOSPICE HEADQUARTERS (PALMERSTON NORTH)

- Biography Service (Typing to be done at Volunteer's own home or premises)
 The Biography Service involves helping patients record their life story, may include interviewing with digital voice recorders and/or typing and inserting photos and memorabilia. Training with equipment and support provided.

- Day Stay (Palmerston North)
 Day Stay involves an activities-based programme for patients under Hospice care, generally helping with art/craft and other activities, serving of meals and drinks, conversing with patients and helping keep the environment tidy. Day Stay runs on a Tuesday from 10.00am to 2.00pm. If choosing Day Stay, are there particular crafts or hobbies you would like to help with?

- Patient Transportation
 This role involves transporting patients from their homes to Arohanui Hospice and back again for the Day Stay Programme that runs on a Tuesday from 10:00am to 2:00pm. Pickups are required at 9.30am, then drop off to Arohanui Hospice, then return for the afternoon pickup at 2pm.

- Kitchen Assistant
 This role involves doing dishes, cleaning, vegetable preparation & general kitchen duties as instructed by the Cook on Duty (no cooking is involved in this role). Please select preferred shift & days:
 9.00am to 11.00pm: Tuesday Thursday
 9.30am to 1.00pm: Monday Wednesday Friday Saturday Sunday
 Evening Shift: 5.30pm to 7.00pm (The evening shift role involves cleaning dinner dishes, cleaning of kitchen, sweeping and washing the floor and removing rubbish)

- Fundraising Activities - As required

- Gardening - As suits the volunteer, at least fortnightly
 Gardening volunteers assist with maintaining the Hospice's grounds, gardens and lawns.

- Housekeeping - 9:00am to 11:00am daily
 Housekeeping at Arohanui Hospice involves cleaning the inpatient unit, cleaning patient rooms and bathrooms, vacuuming and dusting and cleaning windows.

- Reception/Administration - 9:00am to 1:00pm weekdays
 Assisting the Receptionist in their day to day duties. Duties include helping patient's visitors, assisting with filing, photocopying, laminating, book binding, cash handling and competent in answering the telephone. Some previous administration experience would be helpful.

- Other (please provide details):

Arohanui Hospice – Horowhenua Centre: Each Wednesday we hold a Creative Living session which we require volunteers to assist with. Tasks include serving morning tea, prepare serve & cleaning up after lunch along with assisting patients with crafts and participating in games/quizzes. After the session the room is cleaned and vacuumed.

HOROWHENUA CENTRE (LEVIN)

- Wednesday 10:00am to 12:00pm
 - Wednesday 11:00am to 1:00pm
 - Wednesday 12:00 pm to 2:00pm
 - Patient Transportation (Levin)
- If choosing Creative Living, are there particular crafts or hobbies you would like to help with?

EVIDENCE OF IDENTITY

For the Police Vetting services we are required to sight two forms of ID, one primary & one secondary, one of which must be photogenic

Primary IDs include:

- Passport (NZ or Overseas)
- NZ Firearms Licence
- NZ Full Birth Certificate
- NZ Citizen Certificate
- NZ Certificate of Identity

Secondary IDs include:

- NZ Drivers Licence
- 18+ Card
- Community Services Card
- SuperGold Card
- NZ issued utility bill (issued within 6 months)

PRIVACY DECLARATION

I agree that my name and telephone number may be used within the Hospice. All personal information is stored securely by Arohanui Hospice and will remain Confidential.

Under the Privacy Act 1993 I have the right to request access to, and correction, or any personal information held by Arohanui Hospice.

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

Signed by the Applicant:

Date:

CHECKLIST:

- I have completed all relevant sections of the application form
- I have **signed** and **dated** the Privacy Declaration
- I have **two forms of ID** for sighting and copying, as specified in the Evidence of Identity
- I have completed the **Vetting Service Request & Consent Form** (Page 6)
- I have **signed** and **dated** the second page of the Vetting Service Request & Consent Form (Page 7)

*Completed applications (along with **two** forms of suitable ID) can either be emailed, posted or delivered via the following:*

Email: volunteer@arohanuihospice.org.nz

Posted:

*Arohanui Hospice
C/- Volunteer Co-ordinator
1 Heretaunga Street
PO 5349
Palmerston North*

Delivered:

Arohanui Hospice Reception or to your closest Arohanui Hospice Shop.

Once the documentation has been received by the Volunteer Co-ordinator they will submit the Police Vetting request for completion to the NZ Police (this process can take up to approximately nine weeks), and you will be contacted once the results have come back. We appreciate your patience whilst this happens.

Section 2: Person being vetted to complete and return to agency

* Denotes a mandatory field

2.1 Personal Information

Note the name you are most commonly known by is your primary name

* Family name (Primary)	
* First/Middle name(s)	
* Gender	
* Date of birth	
Place of birth (Town/ City/ State)	
* Country of birth	
NZ Driver Licence number	

2.2 Previous names if applicable

Please include other alias or alternate names; married name if not your primary name; previous/ maiden/ name changed by deed poll or statutory declaration. Please include ALL names (first, middle and last) for each alias/previous name.

Family name	First name	Middle names

2.3 Permanent residential address

* Flat/ Number/ Street			
* Suburb		Post Code	
* Town/ City			

Section 3: Person being vetted to complete and return to agency

3.1 Consent to release information

1. The New Zealand Police may release **any** information they hold if relevant to the purpose of this vetting request. This includes:
 - a. Conviction histories and infringement/demerit reports.
 - b. Active investigations, charges and warrants to arrest.
 - c. Charges that did not result in a conviction including those that were acquitted (not guilty), discharged without conviction or withdrawn.
 - d. **Any** interaction I have had with New Zealand Police relevant to the role being vetted, including investigations that did not result in prosecution or were resolved by an alternative resolution programme.
 - e. Information regarding family violence where I was the victim, offender or witness to an incident or offence. This is particularly relevant where the role being vetted for takes place in a home environment where exposure to physical or verbal violence could place vulnerable persons at emotional or physical risk.
 - f. Information subject to name suppression where that information is necessary for the purpose of the vet.

2. If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released **unless**:
 - a. Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime).
 - b. Section 31(3) of the Children’s Act 2014 applies to this request (safety checks of core children’s workers).
 - c. The vetting request is made for the purpose of an overseas visa/work permit and authorises the vetting report to be provided directly to the relevant embassy, high commission, or consulate.

Please see the [vetting website](#) for more information regarding the Clean Slate legislation and what may be released.

3. The Police Vetting Service may disclose newly obtained relevant information to the requesting agency after the completion of the Police vet in the following circumstances:
 - a. The disclosure of the newly obtained information is justified under the Privacy Act 2020 (if it had existed or been available at the time of the Police vet, it would have been disclosed); and
 - b. The Police Vetting Service has taken steps to confirm that the purpose for the Police vet still exists – e.g., that I am employed or engaged in a role that required a Police vet.

The Police Vetting Service will take reasonable steps to notify you prior to the disclosure.

4. Information provided in this consent form may be used to update New Zealand Police records.
5. I am entitled to a copy of the vetting report released to the agency (to be provided by the agency) and can request a correction of any personal information by contacting the Police Vetting Service.
6. Please notify the agency or the Police Vetting Service if you wish to withdraw your consent.

For further information about the vetting process, please see the [vetting website](#).

Authorisation of person being vetted:

- ✓ I confirm that the information I have provided in this form relates to me and is correct.
- ✓ I have read and understood the information above.
- ✓ I authorise New Zealand Police to disclose any personal information relevant to my application (as described above) to the agency making this request for the purpose of assessing my suitability.

Name:		Date:	
Signature:		Electronic signature	<input type="checkbox"/>