



## VOLUNTEER APPLICATION FORM

DATE: \_\_\_\_\_

**Thank you for your enquiry about becoming a volunteer for Dove Hospice.**

**Volunteers** are an integral part of Dove Hospice team and the services we offer to patients who are living with life threatening illness. There is a wide variety of ways in which your gift of time may benefit our organisation. It is important that we find a good match, taking into account your skills, experiences and availability, and the organisation's current needs.

You could complete and return this form to one of our sites and the Volunteer Coordinator will contact you to make an appointment for an interview. Otherwise, you could make direct contact by email to [volunteercoordinator@dovehospice.org.nz](mailto:volunteercoordinator@dovehospice.org.nz) or phone 09-5754555/ 028 25803000.

### Confidential Personal Details

Mr, Mrs, Ms, Miss

Surname

First Name:

Address

Date of Birth

Mobile

Home Phone

Work Phone

E-Mail Address

**Students only**- Name of school/college:

### Emergency Contact Details

Name

Address

Relationship to you

Mobile

Home Phone

Work Phone

E-Mail Address

Privacy: The information collected in this form will be used for the purposes of assessing your suitability for the position. If you are successful, then this will be kept by Dove Hospice. However, if you are unsuccessful, this form will be destroyed.

## Health Status

Do you have any physical or medical limitations that would affect your ability to carry out or perform the expected duties of a volunteer?

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Have you suffered a close bereavement (loss of a loved one) within the last 12 months?

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## Safety and Security

Have you been convicted, or currently involved with an investigation, of any criminal or serious traffic offences (other than parking fines)?

Yes No

If yes, please provide further details: \_\_\_\_\_

Do you give consent for Dove Hospice to run a police check?

Yes No

Do you have any drug or alcohol problems?

Yes No

Do you have a current NZ Driver's License?

Yes No

If yes, please provide license number: \_\_\_\_\_

## Experiences or Qualifications

Summarize skills, qualifications and/or experiences you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

## How did you find out about our volunteer programme (shop, website, family, friend, etc.)

What prompted you to apply as a volunteer? \_\_\_\_\_

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If you are applying to volunteer as a requirement to complete a specific programme eg. Duke of Edinburgh, work experience, course requirement, complete the following:

Start date:

End date:

No. of hours (if applicable):

Contact person (support person, case manager, teacher, etc.):

Contact number:

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## Interests

Tell us in which areas you are interested in volunteering

Retail shop assistance

Distribution Centre/warehouse assistance

Catering and Dove housekeeping

Administration support

Maintenance/gardening and odd jobs

Events and fundraising (occasional)

Driving (occasional)

Patient support

Other, please specify \_\_\_\_\_

## Availability

During which days/hours are you available to volunteer?

Morning shift (**9am – 1pm**)

Afternoon shift (**1pm – 4pm**)

Or preferred hours/time: \_\_\_\_\_

Preferred day or days: \_\_\_\_\_

## Referees

(Please name at least two referees whom you authorize us to contact for the purpose of assessing your suitability for the volunteering position you've applied for.)

Name	Relationship with referee	Phone and/or email
1.		
2.		

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## Volunteer Signature

By submitting this application, (1) I agree to attend a personal interview, (2) I affirm that the facts set forth in it are true and complete, and (3) I understand that any placement is on a trial basis pending completion of recruitment process including signing of Volunteer Agreement. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed) \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_

## Parents/ Legal Guardian's Signature (for volunteers under 16 years old)

I give permission for \_\_\_\_\_ to volunteer for Dove Hospice.

Name (printed) \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Contact number: \_\_\_\_\_  
 Date \_\_\_\_\_

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### For office use only (SM or VC to complete):

Process	Date	Comments/signature
Initial interview (SM/VC)		
Trial placement commenced (SM/VC)		
Vol Agreement Signed		
Reference checks		
Police vetting		
Finalized site placement		
Data entered		
Copy sent to SM		
Name badge ordered		

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