

**For the Shop Co-ordinator:**

Start date: \_\_\_\_\_

(Please hold this form until start date)

Notes for Volunteer Services Manager:

\_\_\_\_\_  
\_\_\_\_\_



Database entry completed

**APPLICATION FOR A VOLUNTEER POSITION WITH MARY POTTER HOSPICE SHOPS**

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms Name:	Home Phone:
Address:	Business Phone:
Postcode:	Mobile:
Occupation:	Email: (please print clearly)
	Date of Birth:
Emergency contact (name, relationship and phone):	
Please specify your ethnic origin (please circle) European                  Asian                  Maori                  Pasifika Middle Eastern/Latin American/African                  Other, please state:	
Do you speak any other language a part from English (please state)	

Shops: <input type="checkbox"/> Kilbirnie <input type="checkbox"/> Karori <input type="checkbox"/> Tawa <input type="checkbox"/> Porirua <input type="checkbox"/> Porirua w/h <input type="checkbox"/> Porirua Driver <input type="checkbox"/> Miramar <input type="checkbox"/> Paraparaumu <input type="checkbox"/> Thorndon <input type="checkbox"/> Newlands	
Preferred Days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	Preferred Times: <input type="checkbox"/> Morning 10am - 1pm <input type="checkbox"/> All day <input type="checkbox"/> Afternoon 1pm - 4pm <input type="checkbox"/> Floating
Preferred Role/s: <input type="checkbox"/> Truck driving / collection of goods <input type="checkbox"/> Warehouse - sorting / cleaning / pricing <input type="checkbox"/> Shop - sales / displays / cleaning	

Why do you want to do volunteer work for Mary Potter Hospice?
If you have previous experience or extra skills which may be useful, please describe:
Name, address and contact phone of one personal referee (who is not a close relative):
Do you have any criminal convictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the offence? <b>By signing this form you agree to notify Mary Potter Hospice if you are convicted of an offence henceforth.</b>
<b><i>If placed in a volunteer position I agree to</i></b> <ul style="list-style-type: none"> <li><b><i>attend an orientation on Mary Potter Hospice and about working at The Shop</i></b></li> <li><b><i>work within Mary Potter Hospice Protocols, as outlined during training.</i></b></li> </ul>

Signed ..... Date .....

Please drop off your completed Volunteer Application Form to your local Hospice Shop, or send to:

Lynn Blann, Retail Operations Manager, Mary Potter Hospice Warehouse

By mail: 1B Prosser Street, Porirua 5022

By fax: (04) 237-8193

Phone: (04) 237-2300

email: lynn.blann@marypotter.org.nz

**Authorisation and declaration:**

I,

consent to Mary Potter Hospice seeking verbal or written information from the referees listed above.

I authorise the information sought by Mary Potter Hospice to be used for the purpose of ascertaining my suitability for the volunteer position I am applying for.

I understand that the information received by Mary Potter Hospice is supplied in confidence from my referees and that it is evaluative material that will not be disclosed to me.

I declare that the statements made in this application and in any supporting evidence supplied by me are true and complete to the best of my belief.

I understand that if I have given incorrect or misleading information or have omitted any pertinent information, I may be disqualified from appointment or if appointed, I am liable to be dismissed.

By submitting my application or signing below. I understand and agree to the conditions of this declaration.

Signed

Date

Where did you hear about this vacancy?	
<input type="checkbox"/>	seek.co.nz
<input type="checkbox"/>	trademe.co.nz
<input type="checkbox"/>	marypotter.org.nz
<input type="checkbox"/>	Other website: <i>please specify</i>
<input type="checkbox"/>	Newspaper: <i>please specify</i>
<input type="checkbox"/>	Word of Mouth: <i>please specify</i>
<input type="checkbox"/>	Other source: <i>please specify</i>