

Office Use Only  
Date Received:  
Date acknowledged:

## Volunteer Application Form

Name			
Postal address (including postcode)			
Email (required)			
Phone	Daytime:	Evening:	Mobile:
Occupation (if applicable)			Date of Birth:    /    /
Ethnicity	<input type="checkbox"/> NZ European <input type="checkbox"/> Maori <input type="checkbox"/> Pasifika <input type="checkbox"/> Asian <input type="checkbox"/> Other:		
Languages spoken			

### Emergency Contact Details

Name	
Relationship	
Phone / Mobile	

### Skills and Experience

Why do you want to volunteer for Mary Potter Hospice?

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What makes you suitable for volunteer work? *Please list any skills, experience, knowledge, personal qualities and other interests you think are relevant.*

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If you have previous experience in volunteer work, please describe where, when, and what you did:

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

What have you learned from this experience?

**Working for the Hospice (We provide services in Wellington, Porirua, and Kapiti)**

Which location(s) do you want to work in: *(please tick all that apply)*

- Wellington       Porirua       Kapiti       From home

What **type of work** would you like to do for the Hospice? *(please tick all that apply)*

Patient Contact Services	Non-Patient Contact
<input type="checkbox"/> Serving Meals / Refreshments	<input type="checkbox"/> Fundraising <input type="checkbox"/> Flower Arranging
<input type="checkbox"/> Patient Transportation	<input type="checkbox"/> Gardening <input type="checkbox"/> Car Cleaning
<input type="checkbox"/> Community Support <i>e.g. companionship</i>	<input type="checkbox"/> Administration <input type="checkbox"/> Reception/Phones
<input type="checkbox"/> Day Unit <i>e.g. craft activities</i>	<input type="checkbox"/> Marketing / Communications
<input type="checkbox"/> Biography Service	<input type="checkbox"/> Hospitality <i>e.g. remembrance services</i>
<input type="checkbox"/> Other - please specify:	<input type="checkbox"/> Human Resource Support
	<input type="checkbox"/> Other - please specify:

**Availability**

Which day(s) suit you best?	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Which hours suit you best? <i>e.g. 2 - 4pm</i>							

How frequently would you like to work e.g. weekly, monthly?

How many hours would you like to volunteer per week/fortnight/month?

How long would you like to commit to volunteering for e.g. 6 months, indefinitely?

**Referee (please list one referee who is not a close relative or friend)**

Name			
Relationship		Phone	
Email address			

**Police Vetting**

Do you have any criminal convictions?       Yes       No

If yes, please list the offence(s), including dates:

Do you consent to having a police vetting check?       Yes       No

*By signing this form you agree to notify Mary Potter Hospice if you are convicted of an offence from this time on.*

If placed in a volunteer position I agree:

- to attend the Volunteer Training Programme      ▪ to work within Mary Potter Hospice policies and procedures
- that the information provided on this form is true and correct. I agree that Mary Potter Hospice can keep electronic and hard copy records of my information.
- to inform Mary Potter Hospice if my circumstances change e.g. health, availability

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed Volunteer Application Form to the address below and allow up to 2 weeks for a response.

<b>Email</b>	volunteer@marypotter.org.nz
<b>Post</b>	Volunteer Services, Mary Potter Hospice, PO Box 7442, Newtown, Wellington 6242

For any queries please phone Volunteer Services on (04) 381 0171

**Name of Approved Agency submitting vetting request:**

**Section 2:**

**Applicant to complete and return to Approved Agency**

**(the Approved Agency will submit the vetting request to NZ Police and receive the vetting result)**

**PERSONAL INFORMATION**

Details (note: the name you are most commonly known by is your primary name)

Family name: (Primary)	<input type="text"/>	First name(s): (Primary)	<input type="text"/>	<input type="text"/>
Gender:	(M) <input type="checkbox"/> (F) <input type="checkbox"/> (Other) <input type="checkbox"/>	Date of birth: (dd/mm/yyyy)	<input type="text"/>	
Place of birth: (town/city/state)	<input type="text"/>	Place of birth: (country)	<input type="text"/>	
NZ Driver Licence number: (for ID verification by NZ Police – optional)	<input type="text"/>			
Passport number: (if held)	<input type="text"/>	Country of issue:	<input type="text"/>	

Only for 'Additional Authorisation' - see page 4

If applicable, please include other names and mark them A, M, or P as appropriate:

- (A)** alias or alternate name(s)
- (M)** married name if not primary name
- (P)** previous/maiden/name changed by deed poll or statutory declaration

Family name: (A) (M) (P) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	First name(s): (A) (M) (P) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Family name: (A) (M) (P) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	First name(s): (A) (M) (P) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Family name: (A) (M) (P) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	First name(s): (A) (M) (P) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Family name: (A) (M) (P) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	First name(s): (A) (M) (P) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Permanent New Zealand Residential Address

Number/Street:	<input type="text"/>		
Suburb:	<input type="text"/>	Post Code:	<input type="text"/>
City/Town/ Rural District:	<input type="text"/>	Period of Residence:	<input type="text"/>

**Section 2:**  
continued

**Applicant to complete and return to Approved Agency**  
**(the Approved Agency will submit the vetting request to NZ Police and receive the vetting result)**

### CONSENT TO DISCLOSURE (for a New Zealand Police Vet Check)

- for further information, see <http://www.police.govt.nz/advice/businesses-and-organisations/vetting>

I **acknowledge and understand** as follows:

1. The information about me that NZ Police may consider relevant to my application and release in vetting comprises any conviction history and, for certain agencies, infringement/demerit reports; and it may include other information such as active charges and warrants to arrest, any information received or obtained by NZ Police, and any interaction I have had with NZ Police in any context (including family violence), even where I have not been charged, or charges are withdrawn, or I have been acquitted (not guilty) of a charge, or I have been discharged without conviction.
2. Any conviction history will be released in accordance with the Criminal Records (Clean Slate) Act 2004; this means that, if I am 'eligible' for clean slate (e.g. no convictions for 7 years, never been to prison, no convictions for specified sexual offending, etc – see section 7 of the Act):
  - a) my criminal record of convictions will not be disclosed; but
  - b) if the role for which I have applied is an exception to the clean slate scheme (e.g. predominantly involving care and protection of a child or young person), my criminal record of convictions will be disclosed.
3. When releasing information to non-government Approved Agencies, Police may release the fact, without details, that suppressed information exists in relation to any conviction and, where NZ Police considers it relevant and justified, in relation to any current or past charge however it was resolved (e.g. withdrawn, discharged, acquitted).
4. Where NZ Police holds relevant information that it is unwilling to disclose to the Approved Agency for privacy, confidentiality or law enforcement reasons, NZ Police may recommend against unsupervised access to children or vulnerable persons (this is known as a 'red stamp').
5. The personal information I provide in this form is being collected for vetting purposes, and may also be used for the purpose of updating NZ Police records.
6. I may withdraw this consent, prior to Police's disclosure of the vetting result, by notifying the Approved Agency who will immediately notify NZ Police to cease the vetting process.
7. I am entitled to access the vetting result released to the Approved Agency and seek correction of Police information about me in accordance with the Privacy Act 1993. By making a request to the 'Approved Agency' within 20 working days of submitting this 'Request and Consent' form.
8. No later than three months after the conclusion of the vetting process, the Approved Agency will securely dispose of this consent form and copies of identification documents, as well as the vetting result released by NZ Police, in accordance with the Privacy Act 1993 or, if applicable, the Public Records Act 2005 or any other enactment.
9. The information I have provided in this form relates to me and is correct.

#### Authorisation

I **authorise** NZ Police to disclose any personal information it considers relevant to my application (as described above) to the Approved Agency making this request for the purpose of assessing my suitability.

#### Additional Authorisation **[cross out or strike through this additional authorisation below if not applicable]**

Where the Approved Agency requesting a vet is a NZ Police business group (e.g. vetting for contractors to NZ Police; workers at major security events)

I **also authorise:**

- NZ Police to disclose the information on this form to, and access information from, other government agencies;
- and
- NZ Police to disclose to my employer or other relevant agency its assessment regarding my suitability (only to the extent that I am approved or not approved as suitable, without reasons).

Signature of applicant

Date: