

Office Use Only
Date Received:
Date acknowledged:

Volunteer Application Form

Name			
Postal address (including postcode)			
Email (<i>required</i>)			
Phone	Daytime:	Evening:	Mobile:
Occupation (<i>if applicable</i>)			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?

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

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

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
Is your application? *(Please tick)* Responding to a vacancy advertisement UnsolicitedWhere did you see/hear the advertisement? *(If applicable)*Please go to our website for our current vacancies www.marypotter.org.nzWhat **type of volunteering** 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"/> Car or Truck Cleaning
<input type="checkbox"/> Patient Transportation	<input type="checkbox"/> Gardening	<input type="checkbox"/> Reception/Phones
<input type="checkbox"/> Community Support <i>e.g. companionship</i>	<input type="checkbox"/> Administration	<input type="checkbox"/> Retail Shop Duties
<input type="checkbox"/> Flower Arranging	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Retail Warehouse Duties
<input type="checkbox"/> Day Unit <i>e.g. craft activities</i>	<input type="checkbox"/> Hospitality <i>e.g. remembrance services</i>	<input type="checkbox"/> Retail Trucking Duties
<input type="checkbox"/> Biography Service	<input type="checkbox"/> Other - please specify:	<input type="checkbox"/> Retail Online Sales
<input type="checkbox"/> Other - please specify:		

Availability

Which day(s) suit?	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Which hours suit you best? <i>E.g. 1 - 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 we may contact (in confidence) who is **not** a close relative or friend)

Name		Relationship	
Email		Phone	

Police VettingDo you have any criminal convictions? Yes No

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

It is important to note that having a criminal history will not necessarily exclude you from volunteering.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 selected to do a volunteer position I agree:**

- to attend the Volunteer Training Programme, and work within Mary Potter Hospice policies and procedures
- that the information provided on this form and any attachments is complete, true and correct and if not I may be disqualified from appointment or if appointed I am liable to be dismissed
- 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, criminal convictions

Signed: _____ Date: _____

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

	Retail Applications	Non-retail Applications
Email	hospice.shop@marypotter.org.nz	volunteer@marypotter.org.nz
Post	PO Box 50089, Porirua 5040	PO Box 7442, Newtown, Wellington 6242
Phone	(04) 237 2300	(04) 381 0171

Section 1: Approved Agency to complete

(For more information please see the [Guide to Completing the Consent Form](#))

Name of Approved Agency submitting vetting request:

Name of Applicant to be vetted:

Description of Applicant's role:

Applicant's purpose

- | | | | |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Employee | <input type="checkbox"/> Contractor/Consultant | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Prosecution |
| <input type="checkbox"/> Vocational Training | <input type="checkbox"/> Licence/Registration | <input type="checkbox"/> Visa/Work Permit | <input type="checkbox"/> Other |

What group(s) will the applicant have contact with in their role for your agency?

- | | | | |
|---|----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Children/Youth | <input type="checkbox"/> Elderly | <input type="checkbox"/> Other Vulnerable Adults | <input type="checkbox"/> Other |
|---|----------------------------------|--|--------------------------------|

What is the applicant's primary role for your agency?

- | | | | |
|--|---|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Caregiving (Children) | <input type="checkbox"/> Caregiving (Vulnerable adults) | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Education |
| <input type="checkbox"/> Other | | | |

Is this request mandatory under the Vulnerable Children Act 2014 (VCA)?

- | | |
|--|--|
| <input type="checkbox"/> Yes (VCA Core Worker) | <input type="checkbox"/> Yes (VCA Non-Core Worker) |
| <input type="checkbox"/> No (mandatory under other legislation/optional/standard Police Vet) | |

If this is a mandatory Vulnerable Children Act request, please specify the check reason below:

- | | |
|--|---|
| <input type="checkbox"/> New Children's Worker | <input type="checkbox"/> Existing Children's Worker |
| <input type="checkbox"/> VCA Renewal | |

Evidence of Identity (to be completed by agency representative/delegate or identity referee - see [guide](#) for details)

- A primary ID has been sighted (Mandatory – see the [guide](#) for further details)
- A secondary ID has been sighted (Mandatory – see the [guide](#) for further details)
- One form of ID is photographic (Mandatory – see the [guide](#) for further details)
- Evidence of name change has been sighted (if applicable)

OR: If your organisation is able to accept a verified RealMe identity then:

- An assertion of a RealMe identity has been received (see [guide](#) for further information).

In making this request, I confirm that:

- ✓ I have complied and will comply with the [Approved Agency Agreement](#)
- ✓ I am satisfied with the correctness of the applicant's identity
- ✓ I have obtained the Applicant's authorisation to submit this vetting request as set out in section 3 of this form

Approved Agency Authorised Representative:

Name: _____ Date: _____

Signature: _____ Electronic Signature

Name of Approved Agency submitting vetting request:

Section 2: Applicant to complete and return to Approved Agency

**Denotes a mandatory field*

Personal Information

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

*Family name (Primary):

Given name(s):

*Gender: (M) (F) (Other) *Date of birth:
(dd/mm/yyyy)

*Place of birth:
(Town/state/country)

NZ Driver Licence number:

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.

Family name	First name	Middle names

Permanent Residential Address

*Number/Street:

Suburb: Post Code:

*City/Town/
Rural District:

Section 3: Applicant to complete and return to Approved Agency

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:
 - Conviction histories and infringement/demerit reports
 - Active charges and warrants to arrest
 - Charges that did not result in a conviction including those that were acquitted, discharged without conviction, diverted or withdrawn
 - **Any** interaction I have had with New Zealand Police considered relevant to the role being vetted, including investigations that did not result in prosecution
 - Information regarding family violence where I was the victim, offender or witness to an incident or offence, primarily in cases where the role being vetted takes place in a home environment where exposure to physical or verbal violence could place vulnerable persons at emotional or physical risk.
 - Information subject to name suppression where that information is necessary to 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 Vulnerable Children Act 2014 applies to this request (safety checks of core children’s workers).Please see the [guide](#) for more information regarding the Clean Slate legislation.
 3. The Police Vetting Service may disclose new relevant information to the Approved Agency after the completion of the Police Vet in the following circumstances:
 - The vetting request was submitted as part of a children’s worker safety check under the Vulnerable Children Act 2014; and
 - The Police vet was completed within the past three years; and
 - The release of new information is considered justified under the Privacy Act 1993The Vetting Service will endeavour 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 result released to the Approved Agency (to be provided by the agency) and can seek a correction by contacting the Vetting Service.
 6. The Approved Agency will securely dispose of this consent form, copies of identification documents and the vetting result within 12 months of receiving the result unless a longer retention period is required by legislation.
 7. I may withdraw this consent, prior to Police’s disclosure of the vetting result, by notifying the Approved Agency.
- For further information, please see the [Guide to Completing the Consent Form](#).

Applicant’s Authorisation:

- ✓ 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 it considers relevant to my application (as described above) to the Approved Agency making this request for the purpose of assessing my suitability.

Name:

Date:

Signature:

Electronic
Signature

