

VOLUNTEER APPLICATION FORM

The information contained in this form is intended solely for Cranford Hospice records and will not be disclosed for any other purpose.

Mr Mrs Miss Ms Rev Dr Surname: _____ First Names _____

Address: _____ City _____

Email: _____ Cell phone: _____ Home phone: _____

Occupation: _____ What language/s do you speak? _____

What has attracted you to volunteering with Cranford Hospice? _____

What personal or professional experiences have you had that you feel will assist you as a Volunteer? _____

Have you suffered a close bereavement in the last 12 months? Yes No

Emergency Contacts

Contact Name: _____ Cell phone: _____ Home: _____

Contact Name: _____ Cell phone: _____ Home: _____

In the last 10 years, have you been convicted of any criminal offence OR have any criminal charges pending?

Yes No

References

Please supply the names of two referees who know you personally and will support your application.

Name: _____ Relationship to you _____ Phone: _____

Name: _____ Relationship to you _____ Phone: _____

Client Confidentiality, Personal Information and Privacy Agreement

- Patients and families involved with Cranford Hospice are accorded confidentiality. As a volunteer with this organisation I agree to respect and maintain this trust.
- I agree to my name and phone number being used within Cranford Hospice.
- I understand that I will be required to attend occasional training courses.
- The personal information contained in this form will be held by and remain confidential to the Cranford Hospice Trust. Under the Privacy Act 1993, I have the right (with certain exceptions) to request access to, and correction of, any personal information held by The Cranford Hospice Trust.
- I declare that all the information provided by me in support of my application is correct. I acknowledge that if I have provided incorrect or misleading information, or have omitted information of significance I may be disqualified from becoming a Volunteer, or if appointed, be liable to be dismissed.

Name: _____ Sign: _____ DoB ____|____|_____

Please note all applicants for volunteer positions at Cranford Hospice are required to undergo police vetting.

We trust you will find your endeavours rewarding. Please contact the Volunteer Coordinator on (06) 878 7047 if you have any questions.
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