



Contact ID No:.....



Presbyterian Support  
East Coast

### VOLUNTEER APPLICATION FORM

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

Mr Mrs Miss Ms Rev Dr (please circle)

Surname: .....

First Names: ..... DoB (optional) .....

Address: .....

.....

Telephone: Home..... Work.....

Mobile ..... Emailí .....

Occupation: .....

***Emergency Contact***

Contact Name: .....

Telephone: Home ..... Work.....

Alternative Contact Name: .....

Telephone: Home..... Work.....

Medical Conditions or Physical Limitations .....

.....

What has attracted you to volunteering? .....

.....

Have you suffered a close bereavement in the last 12 months? .....

Do you have any educational background or work experiences you feel will assist you as a

Volunteer? .....

.....

Do you have any previous volunteer experience? *(Please state)* .....

.....

What language or languages do you speak? .....

Within the last 10 years have you been convicted on any offence (*apart from minor traffic convictions*) against the law in New Zealand or overseas Yes  No

If so, please give details: .....

.....

Do you have any criminal or major charges pending? Yes  No

If so, please give details: .....

.....

**References:**

Could you please supply the names of at least TWO referees who you know will be happy to support your application to become a volunteer and their relationship to you. It is preferable that they are people who know you on a personal basis.

Name: ..... Relationship to you: ..... Phone: .....

Name: ..... Relationship to you ..... Phone .....

**Client Confidentiality Agreement**

Clients and families involved with Presbyterian Support are accorded confidentiality. As a volunteer with this organisation I agree to respect and maintain this trust.

Signed: .....Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I agree to my name and phone number being used within Presbyterian Support.

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 Presbyterian Support. Under the Privacy Act 1993, you have the right (with certain exceptions) to request access to, and correction of, any personal information held by us.

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.

Signed: .....Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

*Thank you for volunteering for Presbyterian Support work. We trust that you will find your endeavours rewarding. Please do not hesitate to contact the Volunteer Co-ordinator if you have any queries.*