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VOLUNTEER APPLICATION FORM

Section A - Identifying Information & Contact Details			
Name			
Physical Address			
Postal Address			
Telephone	Landline	Cell	Fax
E-mail Address			ID (Attach certified copy of ID document)
Married	Single	Divorced	In relationship
Do you have a Driver's Licence?			Yes No
Do you have any health problems			Yes No
If 'YES' elaborate			
Do you have a criminal record			Yes No

Section B - Volunteer Opportunities	
<p>Please indicate in which areas you will be able and are interested in assisting with voluntary work. If you have any previous experience in any of said areas, please tell us about it in the comment section at the bottom of the table. Also remember that you will be provided with in-service training, so experience is not a pre-requisite.</p>	
Patient Care - Subject to selection, training and supervision	
(A) Fundraising Projects/ (B) Fundraising Administration:	
Administration:	
Bargain Shop:	
Bookshop:	
Tea Garden:	
General:	

Section C - Motivation for application

1.) What is your understanding of Hospice?

2.) What is your motivation in becoming a volunteer?

3.) How would you like to assist?

4.) What is your life experience?

Section D - Requirements for Volunteerism

REFERENCES & POLICE CLEARANCE

It is Organisational policy that all applicants provide three references to enable us to do character checks on all Volunteer Applicants.

All Applicants working in Palliative Care are also expected to provide the Organisation with a certified Police Clearance.

	Name:	Tel.	Relationship
Ref. 1			
Ref. 2			
Ref. 3			

Section E - Permission to Centurion Hospice to contact referees and Acceptance of outcome of my Application

I, _____
(Full name and surname)

the undersigned, hereby, give Centurion Hospice permission to contact the indicated Referees so as to ensure my successful integration as a prospective Volunteer in the Organisation.

NOTE: Palliative Care Applicants

Should my application be successful, I understand that it would be pending until such time that Centurion Hospice has received my Police Clearance.

In the nature of their philosophy on Volunteerism, that it be beneficial to both the Organisation and the Volunteer, I accept that Centurion Hospice reserves the right to decline my application if relevant reasons be found during the application process.

Signature

Date