



Application Form for Visiting Service Volunteer

Date of application: _____

Name: _____
(Title, first & surname)

Preferred name (if different): _____ Date of Birth _____

Gender: _____ DHB: _____

Address: _____

Postal address: (if different from above) _____

Phone: (day) _____ (evening) _____

E-mail: _____

Emergency contact
Name & Phone: _____

Ethnicity: _____ Iwi (for Māori) _____

Island group (for Pacific people) _____

(Ethnicity information will be used to assist matching with clients and for statistical reports)

Languages spoken: _____

Days available: (circle/highlight) Mon Tues Wed Thurs Fri Sat Sun

Best time of day? Morning Afternoon Any

Occupation/former occupation: _____

Why would you like to become a volunteer visitor:

Do you have any other Visiting experience? If so, please describe:

**Have you attended any courses, seminars or had any other relevant training
If so, please state what these were:**

**Have you any health or other concerns which may be relevant to us when
matching you with a client, e.g. *hearing / sight loss / mobility issues*?**

What are your interests, hobbies and pastimes?

Do you have any particular requests? *(e.g. prefer to visit a male or female client,
a smoker or non-smoker, within a particular suburb or distance)*

How many clients would you be able to visit? *(circle/highlight)* One Two

What means of transport will you use for visiting?

Do you smoke? *(circle/highlight)* Yes No

**To assist Age Concern with recruitment, please specify how you heard
about the Visiting Service?** *(e.g. radio station, local community newspaper)*

Please supply the names & contact details of two appropriate referees:
(not relatives)

1. _____

2. _____

I acknowledge with my signature that Age Concern Taranaki has the right to:

1. Maintain contact with me until I advise otherwise
2. Contact the referees I have named above after I have met with the co-ordinator
3. Keep the personal information on this form on file/database

Signature: _____

Date: _____

☐ This is my electronic signature (please check if this applies)

Please note: In accordance with the Privacy Act 1993, the contents of this form are confidential to Age Concern Taranaki.

*Please return for to Visiting Service Co-ordinator at info@ageconcerntaranaki.org.nz
Or post/drop off to 33 Liardet Street, New Plymouth, 4310*