



**HOSPICE CARE ASSOCIATION OF NORTH WEST TASMANIA INC**

**APPLICATION FOR THE VOLUNTEER SERVICE**

The information on this form is confidential. It is designed to give the Hospice Care Association the opportunity to get to know you a little better and understand how you would like to contribute to our clients with a life limiting illness.

Name: - \_\_\_\_\_

Address: - \_\_\_\_\_

\_\_\_\_\_

Home Phone:- \_\_\_\_\_

Mobile Phone: - \_\_\_\_\_

Email: - \_\_\_\_\_

Date of Birth: - \_\_\_/\_\_\_/\_\_\_\_

Country of Birth:- \_\_\_\_\_

Do you have a current Tasmanian Driver's License? YES NO

License Number: - \_\_\_\_\_

Do you have a registered vehicle? YES NO

Is your vehicle comprehensively insured? YES NO

Hospice Care Association of North West Tasmania Inc

6477 7747 0418 127 590 hospice.burnie@ths.tas.gov.au



Please describe any work experience you have had in the past 5 years.

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Please describe any volunteer experience you have had in the past.

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Have you experienced a personal bereavement in the past 12 months? YES NO

What was your relationship to the deceased? \_\_\_\_\_

Do you have any medical conditions that we need to be aware of, anything that may affect your role as a Volunteer? (Please include allergies)

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What support systems do you have to help you deal with the confronting experiences you may encounter as a Hospice Volunteer?

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What do you think you could bring to the role of a Hospice Volunteer? What are your expectations of the role?

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Write a few lines about the skills, experiences, hobbies and activities you would be able to share with our Clients and even other Volunteers. (Time to brag!)

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Hospice Care Association requires, by law, that all Volunteers, Office Staff and Board of Management members have a National Police Check. These need to be renewed every three (3) years at the Association's expense. The initial National Police Check should be produced at training / induction and a copy will be taken.

Please provide two (2) personal references, whom we can contact.

1. Name:- \_\_\_\_\_  
Contact Number: - \_\_\_\_\_
  
2. Name:- \_\_\_\_\_  
Contact Number: - \_\_\_\_\_

Your signature below gives the Hospice Care Association of North West Tasmania permission to contact the above referees.

Thank you for completing this application form. All returned applications are kept on file until closer to the next training day; at this time you will be contacted to arrange a meeting.

Training and Induction is a big commitment of six (6) days over three (3) weeks, with introduction to areas such as Palliative Care, Grief & Loss, Spirituality, Manual Handling and Communication to name a few.

Signed:- \_\_\_\_\_ Date:- \_\_\_\_\_

Please return this application to:-  
Hospice Care Association  
PO Box 3256 MDC  
South Burnie 7320

Our sincere thanks for your interest and time.

Hospice Care Association of North West Tasmania Inc

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