



# Volunteer VISITOR Application

## Contact Details

Formal Names:.....

Preferred Name: .....

Address: .....

Home Phone: ..... Cell Phone: .....

Email: ..... Date of birth: .....

**Residency:**   ☐ NZ National       ☐ Not a NZ National       ☐ No NZ citizenship or residency

**How many clients would you be prepared to engage with?**       One ☐       Two ☐

**Please tell us what your interests and pastimes are so we can match you to a client with similar interests -**

- ☐ Arts & Crafts       ☐ Biking       ☐ Board Games       ☐ Card Games       ☐ Church  
☐ Computer Activities       ☐ Cooking / Baking       ☐ Current Affairs  
☐ DIY       ☐ Gardening       ☐ Knitting       ☐ Movies       ☐ Music       ☐ Puzzles  
☐ Reading       ☐ Sports       ☐ Walking

Other .....

**Languages spoken other than English:** .....

**What days are you available?**

Mon		Tue		Wed		Thu		Fri		Sat		Sun	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

**If you become a volunteer visitor, are you willing to be matched with a client who smokes?**

☐ Yes       ☐ No

**Why do you want to be a volunteer visitor with Age Concern?**

.....

.....

Turn page

**Have you any experience, attended any courses, seminars or had any other training that may be relevant? If so, please state .....**

.....

.....

.....

### **Referees**

Please provide the names, day phone numbers and / or email addresses of *two* references who are not related to you –

1. ....
2. ....

### **Consent / Acknowledgement**

I, ..... acknowledge with my signature that Age Concern Tauranga has the right to:

1. Maintain contact with me until I advise otherwise.
2. Contact the referees I have named above.
3. Keep the personal information on this form on file.

Signature: ..... Date: .....

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