



Questionnaire for Visiting Service Volunteer Applicants

Date of application: _____

Visitor 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: _____

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? _____

Occupation/former occupation: _____

Reasons for wanting 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/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 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
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 marcia@ageconcerntaranaki.org.nz

Or post/drop off to 33 Liardet Street, New Plymouth, 4310