Volunteer Welfare Guardian Application Form

**Email to:** info@welfareguardianscanterbury.nz

**Attention**: Trust Coordinator

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| *Thank you for your interest in applying to be a volunteer welfare guardian with Welfare Guardians Canterbury*Before completing this application form, please read the attached information for volunteer welfare guardians, and for more information, visit the Welfare Guardians Canterbury website: [www.welfareguardianscanterbury.nz](http://www.welfareguardianscanterbury.nz). If you have any questions or need further information, please contact our coordinator info@welfareguardianscanterbury.nz or call 020 4189 3045 |
| Name (First\_name Last\_name) |  |
| Application Date |  |
| Address  |  |
| Post Code |  | Home Phone |  |
| Phone (Daytime) |  | Phone (Mobile) |  |
| Phone (Evening) |  | Email |  |
| Date of Birth |  |
| Ethnicity (please include Iwi or Pacific Island group if applicable) |  |
| Languages spoken |  |
| Occupation (If retired please put previous occupation) |  |
| Reasons for wanting to be a volunteer Welfare Guardian |  |
| Do you have experience as a Welfare Guardian or Enduring Power of Attorney? |  |
| If yes, please briefly describe the situation  |  |
| Have you attended any relevant training courses or seminars? If so, please state what it was and when you attended. |
| Introductory training will be run for new volunteer Welfare Guardians. Are you willing to participate in the introductory training? |
| Are you willing to participate in follow up refresher training seminars with other volunteer Welfare Guardians at least twice each year? |
| Will you make use of support provided by the Trust such as expert advice and mentor support? If no, or maybe, please comment. |
| As part of the selection process, we would like you to have an informal interview with a member(s) of Welfare Guardians Canterbury Would you be willing for a member of the Trust to arrange a suitable time for an interview? |
| Welfare Guardians Canterbury is a registered Charitable Trust and requires all its members to have met the requirements of a New Zealand Police check.Do you consent to having a New Zealand Police check?  |
| ***Please supply the names and contact details of two appropriate people (not family) who we can contact as your referees.*** |
| First Referee Name |  |
| Contact Phone |  | Mobile |  |
| Contact Email |  |
| Relationship to you |  |
| Second Referee Name |  |
| Contact Phone |  | Mobile |  |
| Contact Email |  |
| Relationship to you |  |

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| ***Acknowledgement*** |
| I acknowledge, with my signature, the right of the Canterbury-West Coast Welfare Guardianship Trust to:* Contact the referees I have named above
* Keep this information on file
* Submit the authority form I have completed for a New Zealand Police check to be run.

I also confirm that I am: - not under the Mental Health Act - not an undischarged bankrupt |
| Signed (or paste digital signature) |  | Date |
| ***Please note: In accordance with the Privacy Act 2020, the contents of this form are confidential to the Canterbury-West Coast Welfare Guardianship Trust.*** |