



# Canterbury-West Coast Welfare Guardians Charitable Trust

*Recruiting, training and supporting volunteer welfare guardians*

## Volunteer APPLICATION FORM

*Thank you for your interest in applying to be a volunteer welfare guardian with the Canterbury-West Coast Welfare Guardians Charitable Trust.*

Before completing this application form, please read the attached information for volunteer welfare guardians, and for more information, visit the Welfare Guardians website:

[www.welfareguardians.nz](http://www.welfareguardians.nz). If you have any questions or need further information, please contact us:

[cwcwgt@gmail.com](mailto:cwcwgt@gmail.com) or call 020 4189 3045

Application date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_  
(Mrs, Mr, Ms, Miss, Dr)      First name      Last name

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

Phone:      Daytime \_\_\_\_\_      Mobile \_\_\_\_\_  
                Evening \_\_\_\_\_      Email \_\_\_\_\_

Date of birth: \_\_\_\_\_

Ethnicity: \_\_\_\_\_  
*(Iwi or Pacific Island Group if applicable)*

Languages spoken: \_\_\_\_\_

Occupation: \_\_\_\_\_  
*(If retired, please put previous occupation)*

1. Reasons for wanting to be a volunteer Welfare Guardian:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you have any experience of being a Welfare Guardian or Enduring Power of Attorney?  
Yes No

If yes, please briefly describe the situation:

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3. Have you attended any relevant training courses or seminars? If so, please state what it was and when you attended:

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4. Introductory training will be run for new volunteer Welfare Guardians. Are you willing to participate in the introductory training?

Yes No

5. Are you willing to participate in follow up refresher training seminars with other volunteer Welfare Guardians at least twice each year?

Yes No

6. Will you make use of support provided by the Trust such as expert advice and mentor support?

Yes No maybe

If "no" or "maybe", please comment:

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7. As part of the selection process we would like you to have an informal interview with a member(s) of the CWCWG Trust. Would you be willing for a member of the Trust to arrange a suitable time for an interview?

Yes No

8. The Canterbury-West Coast Welfare Guardianship Trust (CWCWGT) 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? Yes No

*(If "yes" please complete the attached Police check authority form)*

**9. Please supply the names and contact details of two appropriate people (not family) who we can contact as your referees.**

i) Name: \_\_\_\_\_

Contact details: phone: \_\_\_\_\_ mobile: \_\_\_\_\_

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

Relationship to you: \_\_\_\_\_

ii) Name: \_\_\_\_\_

Contact details: phone: \_\_\_\_\_ mobile: \_\_\_\_\_

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

Relationship to you: \_\_\_\_\_

I acknowledge, with my signature, the right of the Canterbury-West Coast Welfare Guardianship Trust to:

1. Contact the referees I have named above
2. Keep this information on file
3. 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

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.