



WAIKATO WELFARE GUARDIANSHIP TRUST

VOLUNTEER APPLICATION FORM

Thank you for your interest in applying to be a volunteer welfare guardian with the Waikato Welfare Guardianship 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. If you have any questions or need further information, please contact: **Cate Anderson** on 021 244 6169.

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:

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

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:

7. As part of the selection process we would like you to have an informal interview with a member(s) of the WWG Trust. Would you be willing for a member of the Trust to arrange a suitable time for an interview? Yes No

8. The Waikato Welfare Guardianship Trust (WWGT) 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. Are you double vaccinated for Covid19? Yes No

10. Have you the ability to access Zoom for Zoom meetings? Yes No