



Totara Hospice Youth Ambassador Program

Youth Ambassador Application Form

Once complete, please return this form to Totara Hospice

Drop it in to: Attn: Fundraising - 140 Charles Prevost Drive, The Gardens

Post to: Attn: Fundraising, PO Box 75560, Manurewa, Auckland 2243

Email to: fundraising@hospice.co.nz

Full Name: _____

School: _____ Year: _____

School Contact: _____

Position: _____ Email: _____

Parent name: _____ Contact number: _____

Email address: _____

Postal address: _____

Why are you interested in becoming a Hospice Youth Ambassador?



Which three of Hospice's five core values do you think you display best? Describe a situation in which you displayed each value. (Visit the [Totara Hospice website](#) for values)

Describe any previous or current leadership and/or volunteering roles you have held:

What do you hope to gain from your role as a Youth Ambassador?

Do you have any connections to Hospice? If so, how have these experiences influenced your perspective of Hospice care?

