**Totara Hospice Youth Ambassador Program**

**Youth Ambassador Application Form**

**Once complete, please return this form to Totara Hospice South Auckland.**

**Drop it in to:** 140 Charles Prevost Drive, The Gardens. **Post to:** PO Box 75560, Manurewa, Auckland 2243. **Email to:** renee.pickering@hospice.co.nz

|  |  |
| --- | --- |
| Full name |  |
| School and year |  |
| Appropriate school contact (E.g. dean)  Name:  Position:  Email: |  |
| Parent name |  |
| Contact number |  |
| Email address |  |
| Postal address |  |

Why are you interested in becoming a Hospice Youth Ambassador?

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Which 3 of Totara Hospice’s key values do you believe you display best? Describe a situation in which you displayed them. (Values can be found on the website)

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

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?

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |