**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

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| --- | --- |
| 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?

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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)

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

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

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

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