



Volunteer Application

For office
use only

Area(s) of interest - Please indicate which area(s) you are interested in volunteering with -

- Admin Support Social Connection Visiting Service
 Shopping Assistance Other

Contact Details

First names: Tien Thanh

Preferred Name:

Last Name: Nguyen

Address: 1B Inverness Avenue, Hamilton East

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City & Postcode: Hamilton, 3216

NHI Number:

Home Phone:

Cell Phone: 022 092 7003

Work Phone:

Email: ngthanh123426@gmail.com

Date of birth: 15/03/2004

Occupation: College Student

Statistical Details

Gender: Male Female / LGBTQ

DHB:

Ethnicity:

- Pākehā (NZ European)
 Māori
 Pacific Islander
 European (including British)
 Chinese
 Indian
 Other Asian
 Australian
 North American
 African, Middle Eastern, Latin America
 Other

Part Time Full time (Please circle)

What are your interests and pastimes?

- Arts & Crafts Biking Board Games Card Games Church
 Computer Activities Cooking / Baking Current Affairs
 DIY Gardening Knitting Movies Music Puzzles
 Reading Sports Walking Other

How did you hear about Age Concern? Facebook

Residency: NZ National Not a NZ National No NZ citizenship or residency

Emergency Contact Details

Names: Nancy Vo Relationship: Partner

Day Phone: 022 0434 038

Why do you want to be a volunteer with Age Concern?

I want to be part of the community, helping people and give love to the elderly people

Have you attended any courses, seminars or had any other training that may be relevant?

If so, please state

Languages spoken other than English: Vietnamese, Japanese

What days are you available?

| Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|-----|-----|-----|-----|-----|-----|-------------|
| AM | PM | AM | PM | AM | PM | AM PM AM PM |

Preferred areas to visit, Hamilton Suburbs or Rural Town?

Anywhere

I prefer to visit with a: Male / Female / Either (Please circle)

How many clients would you be prepared to engage with? One Two

If you become a volunteer visitor, are you willing to be matched with a client who smokes?

Yes

No

Do you have any health / other concerns that we should know about e.g. hearing / vision / allergies / mobility? No

Referees

Please provide the names, day phone numbers and / or email addresses of two references who are not related to you, (and who have known you for over two years):

1. Mike Oldfield from Demolition Traders. mike@demolitiontraders.co.nz

2. Harpreet Kaur from Vision College. 022 399 3684

Consent / Acknowledgement:

I, Tien Thanh Nguyen acknowledge with my signature that Age Concern Waikato has the right to:

1. Maintain contact with me until I advise otherwise
2. Contact the referees I have named above
3. Keep the personal information on this form on file

Signature: *Thanh* Date: 30/10/2025

In accordance with the Privacy Act 1993, the contents of this form are confidential to Age Concern.

Administration Use:

| Date Trained | Date Matched | | | Matched | | |
|--------------|--------------|-----|--|---------|--|--------------|
| HDB | | NDB | | ID No. | | Address List |