



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	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	