

Thank you for completing this Volunteer Application form and for your interest in volunteering with us.

Completion of this application does not guarantee a suitable Volunteer position is available or will be approved.

Once we have assessed your application and completed referee checks we will be in touch.

It is the policy of name of organisation to provide equal opportunities without regard to race, religion, national origin, gender, sexual preference, age or disability.

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| What position are your applying for? |  |
| Areas of Interest |  |
| Languages spoken / written |  |

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| **Personal Information** | | | | | | | | |
| First Name |  | | | Surname | |  | | |
| Address |  | | | | | | | |
| Phone | Home: |  | Work: | |  | | Mobile: |  |
| Email |  | | | | | | | |
| **NOTE: Provide copy of ID e.g. driver’s license, passport, 18+ card** | | | | | | | | |

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| **Emergency Contact** | | | | | | | | |
| First Name |  | | | Surname | |  | | |
| Address |  | | | | | | | |
| Phone | Home: |  | Work: | |  | | Mobile: |  |
| Email |  | | | | | | | |
| Relationship to Volunteer Applicant |  | | | | | | | |

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| **Skills, Experience and Qualifications** | | | | | |
| Do you have any qualifications relevant to the position you are applying for? | | Yes |  | No |  |
| If **Yes** please give details |  | | | | |
|  | | | | | |
| Please describe any knowledge/skills and experience you possess which may be relevant to the position you are applying for. | | | | | |
| Please give details |  | | | | |

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| **Health Issues** | | | |
| Do you have any known health conditions, injuries or illnesses of any kind, which may affect your ability to effectively carry out the functions and responsibilities of the position applied for? | | Yes |  |
| No |  |
| If **Yes** please give details |  | | |
| Are you on any medication which may affect your performance in the position you have applied for? | | Yes |  |
| No |  |
| If **Yes** please give details |  | | |

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| **Referees** | | |
| Name of Person to contact | Relationship to you  Employer/Colleague/Friend | Phone Number |
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| **Drivers Licence** | | | | | | |
| Do you hold a current New Zealand Drivers Licence? | | | Yes |  | No |  |
| If **Yes**, number |  | Class | Full / Restricted / Learners | | | |
| Expiry Date |  | No. of Demerit Points |  | | | |
| Has your Drivers Licence been cancelled in the last five years? | | | Yes |  | No |  |
| Is there any matter pending which could affect the status of your Drivers Licence? | | | Yes |  | No |  |
| Vehicle Registration: \_\_\_\_\_\_\_\_\_\_\_\_\_ Current WOF/Registration | | | Yes |  | No |  |
| Current Vehicle Insurance | | | Yes |  | No |  |

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| **General** | | | | | |
| Have you had any criminal convictions within the last 5 years? | | Yes |  | No |  |
| If yes, please give details |  | | | | |
| Are you currently awaiting the hearing of any criminal charges? | | Yes |  | No |  |
| If you application is successful when are you available to start volunteering? | |  | | | |

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| **Availability** | | | |
| What days of the week are you available? | | ❒ Monday ❒ Tuesday ❒ Wednesday  ❒ Thursday ❒ Friday ❒ Saturday  ❒ Sunday | |
| Available Full day |  | Available half day |  |

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| **Declaration** | | | | |
| I, | (full name) | | | |
| By submitting this application, I confirm that the information provided is true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I give permission for you to contact the referees listed above in order to determine my suitability for a Volunteer position with name of organisation. I give permission for a representative of name of organisation to contact the referees named in the application for the purpose of determining my suitability for the position.  In understand that any positions that work directly with children or young people may require Police Vetting. | | | | |
| Signature: | |  | Date: |  |