



## VOLUNTEER APPLICATION FORM

First name(s):

Last name:

Date of birth:

*we use this information for our statistics and so we can celebrate your birthday*

Address:

Telephone - Home:

Work:

Mobile:

Email address:

What is the best way to communicate with you?:

### EMERGENCY CONTACT DETAILS

*Next of kin or other person to be notified in case of an emergency*

Name:

Address:

Telephone - Home:

Work:

Mobile:

### EMPLOYMENT STATUS AND HISTORY

What is your current employment status? E.g. full-time worker, part-time, unemployed, retired.

What are your skills and previous work experience? (paid and voluntary)?

What are your interests and hobbies?

Which areas would you feel confident to mentor in?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Household management     | <input type="checkbox"/> Sewing and mending  | <input type="checkbox"/> Dealing with government and social agencies |
| <input type="checkbox"/> Cooking & menu planning  | <input type="checkbox"/> Household budgeting | <input type="checkbox"/> Knitting, crochet and handicrafts           |
| <input type="checkbox"/> Preserving               | <input type="checkbox"/> Growing food        |  |
| <input type="checkbox"/> Preparing for employment | <input type="checkbox"/> Parenting           |  |

## MEDICAL HISTORY

Do you suffer from any medical, physical or mental condition that could affect your ability to carry out volunteering for SuperGrans Western Bay of Plenty?  Yes  No

If yes, please give details:

## BEHAVIOURAL HISTORY

Do you have a police record for any offences or convictions including any pending charges but excluding any concealed under the Criminal Records (Clean Slate) Act 2004?  Yes  No

Refer to website: [www.justice.govt.nz/privacy/clean-slate.html](http://www.justice.govt.nz/privacy/clean-slate.html) if you are unsure

If yes, please give details:

## VEHICLE AND LICENCE

Do you have a vehicle?  Yes  No

Do you have a current, clean driver's licence?  Yes  No

## REFEREES

Please list two referees to be contacted. (The referees must be someone you have known longer than two years and not a family member).

Name: \_\_\_\_\_ Phone (home): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (work): \_\_\_\_\_

Name: \_\_\_\_\_ Phone (home): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (work): \_\_\_\_\_

## DECLARATION AND AUTHORISATION

I, \_\_\_\_\_ certify that all information that I have provided to you is true, accurate and complete. I authorise you to contact my named referees to seek information from them that may be relevant to my application for voluntary service. I understand a police check will be required.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SuperGrans Western Bay of Plenty undertakes to collect, use and store information provided on this form according to the principles of the Privacy Act 1993. The information will be used by SuperGrans Western Bay of Plenty to assist with your application for a voluntary position with SuperGrans Western Bay of Plenty. You may access the information held about you and amend any errors.