

# Application / Information Form for Volunteer Work

**CONFIDENTIAL**

**(To be completed personally by the Applicant)**

Date of Application: .....

**Please tick all that apply:**

**Full Time**

Available for full time

**Part Time / Substitute**

Available for a variety of days

Before School Care

After School Care

Holiday Programme

Administration

Available Hours \_\_\_\_\_

Other \_\_\_\_\_

Centre / Programme / Activity where you wish to work: .....

**YOUR NAME** Family Name: .....

Given names (underline name used):.....

Are you known by any other name(s)? .....

**I declare that I have disclosed all the names I have worked or presented myself under and outside of these names above; I have not changed my name or used any other identities.**

Date of Birth

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*DOB - Required for Police Check which any volunteering work is subject to.*

**YOUR CONTACT DETAILS**

Contact Address:.....

.....

.....

Home phone number: ..... Mobile: .....

Other phone number (if any): ..... Email:.....

**NEXT OF KIN - DETAILS IN CASE OF EMERGENCY**

Name: .....

Home phone number: ..... Mobile: .....

Other phone number (if any): .....

**LEGAL WORK STATUS**

Are you legally entitled to work in New Zealand?

Yes / No

If yes, as: (please check the appropriate box)

A New Zealand Citizen?

A permanent resident?

A holder of a current NZ work permit?

Holders of a work permit/visa with duration less than 24 months will be required to provide a police certificate from their country of origin.

For Permanent Residents and holders of current NZ Work Permits we are required to sight and take a copy of your original Permit/Residency documentation.

For New Zealand Citizens we are required to sight and take a copy of your original Passport or Birth Certificate and Drivers License.

\*Note, while this application is for volunteering (ie unpaid work), you are still required to be legally entitled to work in NZ.

What experience have you had in leadership opportunities?

.....  
.....

**Education /Experience:**

Indicate your highest level of education completed: \_\_\_\_\_

List all prior training/experience you have had relative to the position you are applying for:

Course/ Certificate/ Activity	Organisation	Dates

**Skills and Specialties:**

In the following list, put a "1" before those activities which you have taught; "2" for those activities you feel competent to teach but have never taught; and "3" for those which you have participated in.

- |                                           |                                            |                                        |                                       |
|-------------------------------------------|--------------------------------------------|----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Dance            | <input type="checkbox"/> Music             | <input type="checkbox"/> Swimming      | <input type="checkbox"/> Bowling      |
| <input type="checkbox"/> Arts and Crafts  | <input type="checkbox"/> Nature Activities | <input type="checkbox"/> Skateboarding | <input type="checkbox"/> Cooking      |
| <input type="checkbox"/> Backpacking      | <input type="checkbox"/> Orienteering      | <input type="checkbox"/> Biking        | <input type="checkbox"/> Ice Skating  |
| <input type="checkbox"/> Basketball       | <input type="checkbox"/> Rock-climbing     | <input type="checkbox"/> Surfing       | <input type="checkbox"/> Golf         |
| <input type="checkbox"/> Boating          | <input type="checkbox"/> Soccer            | <input type="checkbox"/> Rugby         | <input type="checkbox"/> Play Station |
| <input type="checkbox"/> Drama            | <input type="checkbox"/> Song Leading      | <input type="checkbox"/> Dodge Ball    | <input type="checkbox"/> Camping      |
| <input type="checkbox"/> Health & Fitness | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____   |                                       |

What skills are you hoping to gain?

.....  
.....

When would you be available to volunteer e.g. days, times etc? .....

.....

When could you commence work as a volunteer? .....

**REFEREES** – We require two satisfactory referee checks prior to being able to offer any voluntary engagement (eg this could be from a sports coach, teacher or employer).

Name: .....

Phone number: .....

Email: .....

Relationship to Applicant:.....

Name: .....

Phone number: .....

Email: .....

Relationship to Applicant:.....

I .....(full name) consent to a representative from the YMCA doing an appropriate background check on a confidential basis about me (including from representatives of my previous employers and/or referees) and authorise the information sought to be released by them to the YMCA for the purposes of ascertaining my suitability for the volunteer position for which I am applying. I understand that the information received by YMCA is supplied in confidence as evaluative material and will not be disclosed to me.

Signature: .....Date: .....

**GENERAL**

- Do you have any criminal convictions, not including any concealed under the Criminal Records (Clean Slate) Act 2004? Yes / No
- Have you been the subject of a Diversion ordered by the Courts? Yes / No
- Are you awaiting the hearing of charges in a Civil or criminal Court of Law? Yes / No
- Have you ever been subject to any form of investigation or diversion by Child Youth & Family or a similar agency? Yes / No

Prior to any offer of volunteer work you will be asked to complete a Consent to Disclosure of Information Form - Police Record Check (if you are the age of 18 or over).Any offer of volunteer work is subject to a satisfactory police record check.

To ensure compliance with sections 25-27 of the Social Security (Childcare Assistance) Regulations 2004 and the MSD OSCAR Standards for Approval, your consent form, copy of identification documents and police vetting result will be retained on file to ensure compliance with the standards for approval. NZ Police are aware of this requirement and have waived point 8 on page 4 of the consent form.

**CONFIDENTIALITY**

I agree to observe and maintain strict confidentiality in respect of my knowledge of all material information relating to any client, financial, personnel, participant and administration matters pertaining to the YMCA.

**MEDICAL**

Do you have any allergies or health concerns that we should know of? Yes / No

If yes, please detail: .....

.....

Do you have any medical condition, illness or injury which may be exacerbated or made worse by performing the tasks indicated in the volunteering work you are applying for? Yes / No

If Yes, please detail: .....

Do you have any medical condition, illness or injury which may impact on your ability to perform the tasks indicated in the volunteering work you are applying for? Yes / No

If Yes, please detail: .....

**DECLARATION**

I, ..... (full name) declare that to the best of my knowledge the information provided in this application/information form is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be taken on in a volunteer capacity or if I am taken on as a volunteer, this engagement could end.

Signed:..... Date:.....

**Note:** The completion of this form does not indicate that there is any obligation on the YMCA to engage the Applicant in Volunteer Work.

**Purpose:** This information is collected for the purpose of assessing your suitability for volunteer work at the YMCA.