Volunteer Application Form

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Details

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Surname) (First name) (Preferred first name

If Different)

Preferred Title: Please Circle (optional) Mr Mrs Miss Ms Other

Residential Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If different from above)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Home) (Work) (Mobile)

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referees

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health

In accordance with our requirements under the Health and safety at Work Act, and our desire to ensure our workplace is safe, please complete the following questions.

1. Do you have any current condition, past medical history, or claims to ACC which may affect your abilities to effectively carry out the duties of the position applied for?

**Please Tick one Box ꙱ No ꙱ Yes If yes please attach details**

Legal

As you are applying for a position of that requires a high level of trust and confidence, please advise whether you have ever been convicted of any offence\* against the law, or do you have any charges pending?

**Please tick 1 box ꙱ No ꙱ Yes If yes give details of all convictions\*(excluding minor traffic offences), or charges pending in the space below**

\*You are not required to disclose any convictions covered by the Criminal Records (Clean Slate) act 2004. More information can be obtained on http??www.justice.govt.nz/privacy/clean-slate.html

Details of convictions (Offence and Year)

Other

1. Do you have a current drivers licence? ꙱ No ꙱ Yes

Is It? ꙱Learners ꙱Restricted ꙱Full

I am Licenced to drive ꙱Automatic ꙱Manual

What other classes of Licence do you hold?

Have you ever been convicted of a driving offence? ꙱No ꙱Yes

1. Have you previously been employed by/ volunteered for the Acorn Project Hawkes Bay?

Declaration

I…………………………………………………………………………….(Full Name) declare that to the best of my knowledge, the answers to the questions in this application and any other information supplied is correct.

*Privacy Act Provisions*

Under the provisions of the Privacy Act, I authorise The Acorn Project Hawkes Bay to seek verbal or written information about me from my nominated referees (if Given). I understand that the information received from the nominated referees by The Acorn Project Hawkes Bay is supplied in confidence as evaluative material and, pursuant to the Privacy Act 1993, will be kept confidential. The Acorn Project Hawkes Bay will retain my details on this application form unless I request otherwise.

**Please sign below as having read, understood and agreed to the provisions of this application form.**

**Signed Date:**