

# 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)	Available Hours
Before School Care	After School Care	Holiday Programme
Breakaway	Y Fitness Centre	Administration
School Lunches	Early Childcare	Education
Raise Up Youth	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     /     /     (required for police vetting)

## 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?

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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.

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What experience have you had in leadership opportunities?

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### **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

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### **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.

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|------------------|-------------------|---------------|--------------|
| Dance            | Music             | Swimming      | Bowling      |
| Arts and Crafts  | Nature Activities | Skateboarding | Cooking      |
| Backpacking      | Orienteering      | Biking        | Skating      |
| Basketball       | Rock-climbing     | Surfing       | Golf         |
| Kayaking         | Soccer            | Rugby         | Play Station |
| Drama            | Song Leading      | Dodge Ball    | Camping      |
| Health & Fitness | Stand Up Boards   | Other         |              |
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What skills are you hoping to gain?

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When could you commence work as a volunteer?

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**AVAILABILITY:**

Day	Start time	Finish time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**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:

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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:

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**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).

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**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.

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**MEDICAL**

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

If yes, please detail:

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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:

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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:

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**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:

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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.

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