



APPLICATION FOR VOLUNTEER PROGRAMME

PERSONAL DETAILS

| | |
|---|--|
| Last Name: | |
| First Name: | |
| Preferred Name: (if different from above) | |
| Postal Address: | |
| Suburb: | |
| Town/City: | |
| Post Code: | |
| Daytime Contact Number: | |
| Mobile Phone Number: | |
| Email Address: | |
| Emergency Contact Name: | |
| Emergency Contact Number: | |

VOLUNTEERING

Why do you want to volunteer?

What skills and experience can you offer?

Preferred area of work

Preferred day and time for volunteer work

LICENSE TO DRIVE

Do you have a current full New Zealand driver's license?

Yes

No

HEALTH CONDITIONS

To answer this section, you must be aware of the specific tasks and responsibilities that may be required in the role you're applying for.

If you are uncertain of what the tasks might be, please first request a copy of the position description from the organisation before filling out this section or talk with the local Area President.

Note: this health information will assist us to meet our obligations to provide a safe workplace for all people in our workplaces, and to ensure appropriate support is available where needed. Declaration of a medical condition will not rule you out of consideration for the role.

| | | |
|--|-----|----|
| Do you have any medical, physical, or psychological conditions (including those caused by gradual process, disease or infection), which may affect your ability to attend work or properly and safely carry out the tasks and responsibilities of the job you are applying for? | Yes | No |
| Are you taking any medication which may affect your ability to attend work or properly and safely carry out the tasks and responsibilities of the job you are applying for? | Yes | No |
| Have you had an injury, disability or illness that could be further aggravated by any tasks you may be required to perform? | Yes | No |
| Are there any job-related tasks which you are <u>not</u> able to perform due to a medical/physical or psychological condition, medication, an injury, disability, or illness? | Yes | No |
| If you answered Yes to any of the above questions, please give details: | | |

SCREENING CHECKS

As part of our screening process, certain checks may be required to be undertaken e.g. criminal, credit and/or qualifications. If so, you will be asked to complete further documentation for this. If the role you are applying for involves working with vulnerable individuals (i.e. children, young persons, disabled and elder persons) you will be asked to complete a Police Vetting Service Consent Form.

CRIMINAL CONVICTIONS

Please disclose all convictions unless they are covered by the Criminal Records (Clean Slate Act) 2004. Please refer to the information at the end of this form for further details or by visiting the Ministry of Justice website: <http://www.justice.govt.nz>

| | | |
|---|-----|----|
| Have you been convicted of any offence against the law within the last seven years or do you have any criminal charges pending (apart from minor speeding or parking offences)? | Yes | No |
| If Yes, please give details: | | |

INFORMATION ON CRIMINAL CONVICTIONS

You must declare all of your convictions if you have:

- been convicted of an offence within the last 7 years; OR
- been sentenced to a custodial sentence (e.g. imprisonment, corrective training, borstal); OR
- been ordered by a Court during a criminal case to be detained in a hospital due to your mental condition, instead of being sentenced; OR
- been convicted of a “specified offence” (e.g. sexual offending against children and young people or the mentally impaired); OR
- not paid in full any fine, reparation or costs ordered by the Court in a criminal case; OR
- been indefinitely disqualified from driving under section 65 Land Transport Act 1998 or earlier equivalent provision.

THE PRIVACY ACT 1993

The information which you supply on this application form and as part of your application is solely to assess your suitability for volunteer work with Society of St Vincent de Paul. The information you provide will be managed in accordance with the information privacy principles. This information will not be used for any other purpose and will be held on file by Society of St Vincent de Paul. Information on unsuccessful candidates will be confidentially destroyed.

AUTHORITY AND DECLARATION

I give permission for the referees required by Society of St Vincent de Paul to be contacted on a confidential basis. I understand that if the information obtained through this process was supplied in confidence, it would be deemed to be evaluative material and will not be disclosed to me.

I have truthfully completed all sections of this application form and have provided information that is accurate and complete to the best of my knowledge, and no relevant material/information has been omitted.

I also understand that if any false information is given, or any material suppressed that I will not be accepted into the Volunteer Programme, or if I am accepted that my participation may be terminated.

If I am accepted into the Volunteer Programme, I agree to abide by all organisational policies and attend volunteer training as required.

I understand that if I am accepted to the Volunteer Programme, I will be engaged as a volunteer, not an employee. I also understand that being a volunteer does not give any promise or reasonable expectation of remuneration reward or paid employment.

| | | | |
|------------------------------|--|-------------|--|
| Signature (sign/type) | | Date | |
|------------------------------|--|-------------|--|

CRIMINAL CONVICTION HISTORY (CCH) REQUEST FORM

Applicants must complete a signed consent form with the following details to continue with their application. Applicants are not allowed to begin volunteering until after the check is complete. This can take anywhere from 1-2 weeks.

Please provide a copy of photo ID along with the completed Criminal Conviction History request form OR bring an ID when returning the completed form to be photographed.

Acceptable forms of identification:

- NZ Driver's License
- NZ passport or overseas passport
- NZ Firearms License

Overseas ID's must be current, and New Zealand ID's can be accepted up to two years after its expiry date. Overseas driver's licenses and Kiwi Access cards (previously known as 18+ cards) are not accepted.

If you're unable to provide one of the above, please complete either a **Proof of Identity** OR a **Statutory Declaration** form.

| Your Details | |
|-------------------------------------|--|
| First Name | |
| Middle Name(s) | |
| Surname | |
| Have you been known by other names? | <i>Please list any additional names here. If not applicable, write "no."</i> |
| Date of Birth |/...../..... |
| Place of Birth | |
| Contact Number | |
| Gender | |
| Email | |
| Address | |
| Street Number & unit | |
| Street name | |

| | |
|--|--|
| Suburb | |
| Town/City | |
| State/Province | |
| Postal Code | |
| Country | |
| Have you lived at any other New Zealand address in the last 10 years? | |
| If yes, please list all here: | |

☐ I, _____ consent my information being used to St Vincent de Paul Wellington Area to complete a Criminal Conviction History check.

☐ I understand that any undisclosed convictions may affect the progress of my application.

☐ I would like a copy of my report to be sent to me (*optional*)

(Signature)

____/____/_____
(Date)