

VOLUNTEER APPLICATION FORM

Please attach a copy of your CV to this application form.

This form can be completed online www.heartsandminds.org.nz (If completing in writing, please complete in CAPITALS – Thank You).

PERSONAL DETAILS:

Surname: _____ **First Name:** _____

Address: _____

Phone Number (Home / Work): _____ **(Mobile):** _____

Email Address: _____

Gender: Male Female (please tick)

Ethnicity: _____

Country of Origin: _____

First Language: _____

Other Languages Spoken: _____

Current Immigration Status: NZ Citizen Skilled Migrant Family of Skilled Migrant

Business / Investment Family Re-unification Student Quota Refugee

Work Permit Work to Residence Visitor Other _____

Age Group: <24 yrs 25-34 yrs 35-44 yrs 45-54 yrs 55+ yrs

Length of Time in NZ: <1yrs 1-2 yrs 2-3yrs 3-4yrs 4-5 yrs 5+ yrs

Emergency Contact Person: _____ **Relationship to you:** _____

Emergency Contact Phone Number(s): _____

Driver's Licence Number: _____

How did you hear about Community Volunteering at Hearts & Minds?

EDUCATION / TRAINING:

Highest Qualification: High School Diploma Bachelor Master PhD

Area of Study: _____

Training / Professional Qualifications: _____

COMPUTER SKILLS:

Please tick the appropriate box based on how competent you are in the following computer packages.

- Microsoft Word Basic Intermediate Advanced
- Microsoft Excel Basic Intermediate Advanced
- Power-point Basic Intermediate Advanced
- Access Basic Intermediate Advanced
- Outlook Basic Intermediate Advanced
- Data Entry Basic Intermediate Advanced

Other Computer Packages: _____

VOLUNTARY / WORK EXPERIENCE:

Please outline your involvement / participation in community activities and voluntary work: _____

Please tell us about other skills you may have that could assist other organisations: _____

Why do you wish to volunteer? _____

AVAILABILITY:

What type of Volunteer role are you seeking? _____

Please state which days and times you are available to volunteer:

DAY	START TIME:	FINISH TIME:
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

MEDICAL:

1. Do you have any medical conditions, which may affect your ability to volunteer? YES NO

If yes, please specify: _____

2. Have you ever suffered any injury resulting in having to take time off work? YES NO

If yes, please specify: _____

3. Have you ever suffered any back injury or back strain? YES NO

If yes, please specify: _____

4. How many days absent were you from work for sickness in the last 12 months? _____

5. Do you have any allergies? YES NO

If yes, please specify: _____

6. Have you suffered from blackouts / seizures or anything else of a serious nature? (e.g. heart complaints, asthma, diabetes etc.). ? YES NO

If yes, please specify: _____

7. Do you have any disability? YES NO

If yes, please specify: _____

JUSTICE:

1. Have you ever been convicted of a Criminal Offence including Traffic and Driving Offences? (Not including any concealed under the Criminal Records Act). YES NO.

If yes, please give details: _____

2. Are you awaiting the hearing of any Criminal Charges? YES NO.

If yes, please give details: _____

REFEREES:

Please provide at least (2) referees for Community Volunteering to contact, including your current employer (if applicable):

(1) Contact Name: _____
 Organisation: _____
 Position Title: _____
 Phone Number: _____
 Email Address: _____

(2) Contact Name: _____
 Organisation: _____
 Position Title: _____
 Phone Number: _____
 Email Address: _____

APPLICANT’S DECLARATION

1. I (full name) _____ declare that, to the best of my knowledge, the information provided in this Application Form above is correct.
2. I understand that if any false information is given, or any material fact suppressed, I may not be accepted, or if I am taken on as a Volunteer - I may be dismissed.
3. I authorise you or your agent to contact all my previous and current employers, including any employers that I have not nominated on this application. Information gained, is supplied in confidence as evaluative material and will not be disclosed.
4. I authorise to pass my Application Form details to other services within the organisation for review for possible vacancies.
5. I understand that short listed applicants will be requested to consent to referee / work experience and Police checks as required. Any appointment to a position is provisional pending the outcome of the checks.
6. I have read and fully understand and accept this Declaration.

Signature: _____
(Insert your electronic signature here or print this form and sign)

Date: _____

Please return this form and a copy of your CV to:
Community Volunteering, Hearts & Minds, PO Box 36 336, Northcote, Auckland 0748.
Tel: 441 8989. Email: info@heartsandminds.org.nz