Volunteer Application

For office use only

Please complete the Volunteer Application and Police Check and send back with a photo of your passport or drivers licence (both sides) for identification.

Contact Details

First names: .....

Preferred Name: .....

Last Name:.....

Address: .....

.....

.....

City & Postcode: .....

NHI Number: .....

Home Phone: .....

Cell Phone: .....

Work Phone: .....

Email: .....

Date of birth: .....

Occupation: ..... **Part Time / Full time** *(Please circle)*

Statistical Details

Gender: Male / Female / LGBTQ

DHB: .....

Ethnicity:

- ❑ Pākehā (NZ European)
- ❑ Māori
- ❑ Pacific Islander
- ❑ European (including British)
- ❑ Chinese
- ❑ Indian
- ❑ Other Asian
- ❑ Australian
- ❑ North American
- ❑ African, Middle Eastern, Latin America
- ❑ Other .....

What are your interests and pastimes?

❑ Arts & Crafts ❑ Biking ❑ Board Games ❑ Card Games ❑ Church
❑ Computer Activities ❑ Cooking / Baking ❑ Current Affairs
❑ DIY ❑ Gardening ❑ Knitting ❑ Movies ❑ Music ❑ Puzzles
❑ Reading ❑ Sports ❑ Walking Other .....

How did you hear about Age Concern? .....

Residency: ❑ NZ National ❑ Not a NZ National ❑ No NZ citizenship or residency

Emergency Contact Details

Names: ..... Relationship: .....

Day Phone: .....

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Why do you want to be a volunteer with Age Concern?

.....

Have you attended any courses, seminars or had any other training that may be relevant?

If so, please state .....

.....

Languages spoken other than English: .....

What days are you available?

Mon		Tue		Wed		Thu		Fri		Sat		Sun	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Preferred areas to visit, Hamilton Suburbs or Rural Town?

.....

I prefer to visit with a: Male / Female / Either *(Please circle)*

How many clients would you be prepared to engage with? One ❑ Two ❑

If you become a volunteer visitor, are you willing to be matched with a client who smokes?

❑ Yes ❑ No

Do you have any health / other concerns that we should know about e.g. hearing / vision / allergies / mobility? .....

Referees

Please provide the names, day phone numbers and / or email addresses of *two* references who are not related to you, (and who have known you for over two years):

1. .....
2. .....

Consent / Acknowledgement:

I, ... acknowledge with my signature that Age Concern Waikato has the right to:

1. Maintain contact with me until I advise otherwise
2. Contact the referees I have named above
3. Keep the personal information on this form on file

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

In accordance with the Privacy Act 1993, the contents of this form are confidential to Age Concern.

Administration Use:

Date Trained		Date Matched		Matched	
HDB		NDB		ID No.		Address List	