

Volunteer Application Form



Please complete all information in this form.

If you have a particular skill base (set), please feel free to send in your CV to assist your application

Contact Information:

Name: (Mr Mrs Ms Miss)

D.O.B

Age:

Address:

Phone:

Mobile:

Email:

Nationality:

Place of Birth (Iwi):

Occupation:

Languages Spoken:

Emergency Contact:

Do you have any relevant health concerns (*i.e. hearing, sight, asthma*):

Have you been doubled vaccinated against CV19?? (*If the answer is no, you will not be able to continue your application with us. Please send proof of vaccinations*): Y/N

Tell us about yourself (*i.e. your skills, experience, hobbies, training, or qualifications; what motivated you to apply; and what volunteer experience you have*):

References: Please provide two, non-related, Reference Checks

Reference One: Name

Phone:

Email:

Relationship:

Reference Two: Name

Phone:

Email:

Relationship:

How did you hear about our Volunteer Program:

How would you like to get involved in supporting our work? *Please select your interests*

Volunteer Visitor

Contacting Clients

Transport (drivers & buddies)

Data Entry/update

Office Admin

Supporting Workshops

Volunteer Application Form



- Handyperson/Gardening Group/activities partners Technology support
-
- Other (please tell us how you can help:)
-

Availability (days/time/hours):

P.T.O

Please note that in all instances, we will endeavour to make sure that any job or task you are assigned to is within your skill level, comfortability, and that your health and safety is considered. In some instances, this means that we will decline assisting certain clients whose requests are beyond the scope of our service.

Should you arrive at a job and feel unsafe, you will not be expected to enter the property or support the client. Please contact us urgently should your safety be of concern.

I acknowledge with my signature that Age Concern Auckland has the right to:

1. Contact the above-named referees.
2. Keep this form containing my personal information on file.
3. Check with the Police for any criminal record I may have.

Please attach a copy of your photo ID (passport or Drivers Licence, as proof of identity).

Please note that the contents of this form will be kept confidential for the use of Age Concern Auckland in accordance with the Privacy Act 2020.

I agree to being contacted by Age Concern to participate in surveys Yes / No

I agree to being added to Age Concern's Volunteer Communications and Updates Yes / No

Signature:

Date:

Name:
