



VOLUNTEER APPLICATION - Confidential

Mr Mrs Miss Ms

Surname:

Given Names:

Preferred Name:

Home Address:

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Phone No Home: Mobile:

Email Address:

Next of Kin Details (in the event of an emergency):

NOK Name: Phone:

Why do you want to volunteer your time at Switzer?

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Please read our Volunteer Handbook, then describe the skills and attributes you hold which will be helpful in your voluntary work at Switzer and tell us what you would like to be involved in:

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Because of the nature of our work and the vulnerability of our residents we need to do two things before you join our team:

1. Obtain a reference to support your application; and
2. Complete the New Zealand and or Australian police Vetting process

Do you consent to the Management obtaining a reference? YES/NO

Do you consent to the Police Vetting Process? YES/NO

Please provide the name, address, and telephone number of one referee:

Name:

Address:

Phone:

Position:

I consent to the Claud Switzer Memorial Trust seeking verbal or written information on a confidential basis about me from one referee and from the Police Vetting service. I understand that the information received by the Trust is supplied in confidence as evaluative material and will not be disclosed to me.

Signature.....

Date

Have you been convicted of a criminal offence? YES/NO

Are you awaiting the hearing of charges in a civil or criminal court? YES/NO

Do you have a current drivers license? YES/NO

If yes, state class

Drivers License No.....

Do you have any endorsements or demerits? YES/NO

If yes, please detail

Have you had an injury or medical condition caused by gradual process, disease, or infection (for example hearing loss, sensitivity to chemicals, repetitive strain injuries) that may be aggravated or further contributed to by the tasks of this voluntary position? YES/NO

If yes, please give details:

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Signed: Dated:

PLEASE PROVIDE 1 X FORM OF PHOTO ID (PASSPORT/DRIVERS LICENCE)