



New Zealand African Welfare Service Trust

He aha te mea nui o te ao? He tangata! He tangata! He tangata!

Volunteer Application Form

The information in this form will be treated in strict confidence, observing the guidelines of the privacy act 1993. Only the Project Manager, Service Coordinator and Trustees will have access to the information on this form.

Surname: _____ First Name: _____

Address: _____

Contact Telephone Number

(Home) _____ (Work) _____ (Mobile) _____

Method of Transportation: _____

Do you have a current driver's license? _____

What Type? _____ Drivers license no: _____

Date of Birth: _____

Ethnicity: _____ Languages Spoken: _____

Occupation: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Telephone Number

(Home) _____ (Work) _____ (Mobile) _____

How did you hear about NZAWST: _____

The following questions are asked so that we can make the best use of your skills and talents at our centre. Thank you for your cooperation.

1. What is the main reason for you wishing to be volunteer?

2. Have you ever previously been a volunteer? Yes No

If yes state your experiences: _____

3. What are your interests and hobbies?

What assistance would you be able to offer? (Please tick)

Visiting Members

Reading to member or assisting with letter writing

Teaching English

Driving Members

Assisting with activities

Advocacy and Interpreting

Meal Preparation

General Assistance

Other (please List): _____

AVAILABILITY When are you able to volunteer (please tick)

	MON	TUES	WED	THURS	FRI
Morning					
Afternoon					
Evening					

What is the maximum number of hours you could volunteer each day? _____

How often could you volunteer? (Please tick)

- Every Week
 Every Fortnight
 Every Month

ACCREDITED VISITING SERVICE

Visiting Preferences:

- Male
 Female
 Don't mind
 Smoker
 Non Smoker
 Living with family
 Rest Home
 Persons own home

Weekdays 10am -3pm

GENERAL

Have you been convicted of criminal offense? Yes / No

Are you awaiting the hearing of charges in a civil court of law? Yes / No

(If you have answered yes to these question please enclose a sealed envelope with brief details and attach it to this application)

Please provide the name of the two referees who may be contacted in support of your application

REFEREES

1. Name: _____ Phone no: _____

Address: _____

2. Name: _____ Phone no: _____

Address: _____

(Information given by the referees will be treated as strictly confidential)

I _____ (Name) agree to the following:

- All answers in this application are correct to the best of my knowledge.
- If I am accepted into the volunteer service, I understand that I am not a paid employee of New Zealand African Welfare Trust
- I consent to my referees being contacted prior to my commencement as a volunteer
- I will refuse to accept tips or gifts, except when a member makes or offers something of nominal value as a way of saying thank you, I will consult with the management first
- I give permission for the confidential information I have provided to be used only for assessing my suitability for voluntary work with New Zealand African Welfare Trust
- If able, I will attend volunteer meeting and in-service training

Signed: _____ Date: _____

OFFICIAL USE ONLY: Accredited visiting service	
Training Group:	Date:
Matched With:	Date: