



### volunteer application form

please complete first three pages and return or bring with you to your interview

PERSONAL DETAILS			
Full Name:		Title:	
Residential Address:			
Suburb & Town:			
Home Telephone:			
Mobile Telephone:			
Email Address:		Birthdate:	
EMERGENCY CONTACT			
Name of Next of Kin:			
Relationship to You:			
Home/Work Telephone:			
Mobile Telephone:			

VOLUNTEERING	
Have you volunteered for Vinnies before:	Yes / No
Have you volunteered for any other organisations before:	Yes / No
Preferred Area of Work:	Shops / Vans / Fullstop / Office / Storage Facility
Availability:	am: Mon / Tues / Wed / Thurs / Fri / Sat pm: Mon / Tues / Wed / Thurs / Fri / Sat
Special Skills or Interests:	

Please tell us about any limitations you may have as we aim to match volunteers to positions according to skills, interests and abilities and to meet the position description of each role. Some positions do involve lifting and carrying, standing for long periods and working unsupervised.

--

# volunteer application form

## RIGHT TO WORK

Are you legally entitled to work in New Zealand?  
(i.e. as a citizen/permanent resident/holder of a  
current work permit)

Yes

No

Do you have a current work permit?

Yes

No\*

What is the expiry date?

If No, you may not be eligible for any paid work at Society of St Vincent de Paul. Information about immigrating to New Zealand can be obtained by visiting the New Zealand Immigration Service website:

<http://www.immigration.govt.nz>

## MEDICAL CONDITIONS

Have you had an injury, disability or illness that  
could be further aggravated by any tasks you may  
be required to perform?

Yes

No

Are you on any medication that emergency  
services need to be aware of?

Yes

No

Note: this information is required to assist us in  
meeting our obligations to provide a safe workplace.  
Declaration of a medical condition will not rule you  
out of consideration.

If Yes to any of the above please tell us more about this:

*You may be required to provide a Medical Certificate*

## CRIMINAL CONVICTIONS

**Please disclose all convictions unless they are covered by the Criminal Records (Clean Slate Act) 2004. Please refer to the information at the end of this form for further details or by visiting the Ministry of Justice website:**

<http://www.justice.govt.nz>

Have you been convicted of any offence against  
the law within the last seven years or do you  
have any criminal charges pending (apart from  
minor speeding or parking offences)?

Yes

No

If Yes, please give details:

## LICENSE TO DRIVE

**Do you hold a current full New Zealand driver's  
license?**

Yes

No

Van Driver/Assistants: Please have your drivers license available for photocopying at interview

## REFEREES

Please indicate the name and phone number of a referee/s you would be happy for Society of St Vincent de Paul to contact about your suitability for the Volunteer Programme.

	Name	Relationship to You	Phone Number
1			
2			

## SCREENING

AS PART OF OUR SCREENING PROCESS, CERTAIN CHECKS MAY BE REQUIRED TO BE UNDERTAKEN E.G. CRIMINAL, CREDIT AND/OR QUALIFICATIONS. IF SO, YOU MAY BE ASKED TO COMPLETE FURTHER DOCUMENTATION.

## THE PRIVACY ACT 1993

The information which you supply on this application form and as part of your application is solely to assess your suitability for volunteer work with Society of St Vincent de Paul. The information you provide will be managed in accordance with the information privacy principles. It will not be used for any other purpose and will be held on file by Society of St Vincent de Paul.

## AUTHORITY AND DECLARATION

I give permission for St Vincent de Paul to contact the referees above on a confidential basis. I understand the information obtained is deemed to be evaluative material and will not be disclosed to me.

I have provided information that is accurate and complete to the best of my knowledge and no relevant information has been omitted. I understand if any false information is given, or any material suppressed, that I will not be accepted into the Volunteer Programme, or if I am accepted that my participation may be terminated.

If accepted into the Volunteer Programme I agree to abide by the volunteer policies and procedures and health and safety in our workplace.

<b>Signature</b>		<b>Date</b>	
------------------	--	-------------	--



**THIS SECTION IS TO BE COMPLETED BY ST VINCENT DE PAUL**

**Interview form**

**Manager Interviewing:** \_\_\_\_\_

**Comments by Interviewer:**

---

---

---

---

---

---

---

---

---

---

**Suitability Assessment:**

Suitable / Not Suitable (circle one)

\_\_\_\_\_  
Signed by Manager

\_\_\_\_\_  
Date

Applicant Advised: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Action:**

- Date for Induction/First Day Set
- File Created
- Add to Volunteer Database (Next of Kin Contact List)
- Name Badge
- Add to Roster



## health & safety checklist for new volunteers & employees

Volunteer/Employee Name: \_\_\_\_\_

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Manager: \_\_\_\_\_

	<b>Completed</b>
<b>Explain:</b> <ul style="list-style-type: none"> <li>• Explain history, goals and values of BOP, NZ and global Society structure</li> <li>• Give details of our website, national website and Facebook                      www.bopvinnies.co.nz          www.svdp.org.nz          Facebook: Vinnies Tauranga</li> </ul>	<input type="checkbox"/>
<b>Specific job explained:</b> <ul style="list-style-type: none"> <li>• Volunteer has been provided a copy of Volunteer Policies &amp; Procedures</li> </ul>	<input type="checkbox"/>
<b>Hazards</b> <ul style="list-style-type: none"> <li>• Hazards outlined and Volunteer given Health and Safety Risk Analysis and Management document</li> <li>• Advised where Health &amp; Safety Manual is kept</li> <li>• How to report hazards</li> </ul>	<input type="checkbox"/>
<b>Incident reporting</b> <ul style="list-style-type: none"> <li>• Know how to report Injuries, near-hits/near misses, early signs of discomfort</li> <li>• Where incident reporting forms are kept</li> </ul>	<input type="checkbox"/>
<b>Provide:</b> <ul style="list-style-type: none"> <li>• Useful contacts of Shop phone number, Manager name and phone number, shop opening hours</li> <li>• Provide start and finish times</li> </ul>	<input type="checkbox"/>
<b>Employee Induction:</b> <ul style="list-style-type: none"> <li>• Where the emergency exits are located.</li> <li>• Where the fire extinguishers are.</li> <li>• The evacuation procedure.</li> <li>• Where the first aid kit is.</li> <li>• First Aiders.</li> <li>• The assembly area.</li> <li>• Sign in/Sign out board</li> <li>• Communication Board</li> <li>• How to record absences</li> </ul>	<input type="checkbox"/>
_____ Signature	_____ Date

### PHOTOGRAPHY CONSENT

St Vincent de Paul would like to use photographs from time to time of you in our publicity material and publications. The content will only be used to promote our good works in the community. The content may be used for a number of years in print, our website or social media.

**CONSENT**

I agree for permission for photographs and videos taken of me to be used by St Vincent de Paul in its publicity material and publications.

\_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date

### CONFIDENTIALITY AGREEMENT

During your time at St Vincent de Paul you may become privy to clients' confidential personal information and/or circumstances which is rightly very important to clients. We ask that you not divulge any information regarding clients and keep at all times client information confidential.

In order to discuss a client with a third party please ensure the client has agreed for you to contact a third party on their behalf and that the client has signed the Privacy Waiver before doing so.

If discussions about a client need to be undertaken please discuss in a confidential space where the conversation cannot be overheard and refrain from using specific person's details.

It is agreed that all Vincentians, staff and volunteers maintain client confidentiality and understand a client's right to privacy as outlined above.

\_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date