

Application / Information Form for Volunteer Work – YMCA Tauranga



CONFIDENTIAL

(To be completed personally by the Applicant)

Date of Application:

Please tick all that apply:

Full Time

Available for full time

After School Care

Holiday Programme

Youth Programme

Part Time

Available for a variety of days

Office Admin

ALFS

Gardening

Touch

Events planning

Marketing

Centre / Programme / Activity where you wish to work:

Where did you hear about us?.....

YOUR NAME

In block letters

First Name:.....

Family Name:.....

Date of Birth: Age:..... Gender: Female / Male (please circle)

What school do you attend (if any)?.....

YOUR CONTACT DETAILS

Home Address:

Home phone number: Mobile:

Other phone number (if any): Email:.....

Preferred way to get in contact with you?.....

NEXT OF KIN - DETAILS IN CASE OF EMERGENCY

Name:

Home phone number: Mobile:

Other phone number (if any):

What experience have you had in leadership opportunities?

.....
.....

Education /Experience:

Indicate your highest level of education completed:

List all prior training/experience you have had relative to the position you are applying for:

Course/ Certificate/ Activity	Organisation	Dates

What skills are you hoping to gain?

.....
.....

When would you be available to volunteer e.g. days, times etc?

.....

When could you commence work as a volunteer?

Do you have your own transport?.....

REFEREES – Please provide two referees for a character reference (eg a sports coach, teacher or employer).

Name:

Phone number:

Email:

Relationship to Applicant:.....

Name:

Phone number:

Email:

Relationship to Applicant:.....

I(full name) consent to a representative from the YMCA seeking verbal or written information on a confidential basis about me from referees and authorise the information sought to be released by them to the YMCA for the purposes of ascertaining my suitability for the volunteer position for which I am applying. I understand that the information received by YMCA is supplied in confidence as evaluative material and will not be disclosed to me.

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

These details are separate from the application/information form in the event that the referee requests a written consent from the Applicant to disclose information.

GENERAL Do you have any criminal convictions, not including any concealed under the Criminal Records (Clean Slate) Act 2004? Yes / No

Have you been the subject of a Diversion ordered by the Courts? Yes / No

Are you awaiting the hearing of charges in a Civil or criminal Court of Law? Yes / No

Prior to the offer of volunteer work you will be asked to complete a Police Vetting Service Request and Consent form.

CONFIDENTIALITY

I agree to observe and maintain strict confidentiality in respect of my knowledge of all material information relating to any financial, personnel, participant and administration matters pertaining to the YMCA.

MEDICAL Do you have any allergies or health concerns that we should know of? Yes / No

If yes, please detail:

.....

DECLARATION

I, (full name) declare that to the best of my knowledge the information provided in this application/information form is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be taken on in a volunteer capacity or if I am taken on as a volunteer, this engagement could end.

Signed:..... Date:.....

Note: The completion of this form does not indicate that there is any obligation on the YMCA to engage the Applicant in Volunteer Work.

Purpose: This information is collected for the purpose of assessing your suitability for volunteer work at the YMCA.