

APPLICATION FOR OP SHOP VOLUNTEER

To be completed personally by Applicant

CONFIDENTIAL

Date of Application:

This application form is a source of information which will be used by the SPCA to assist it in considering your suitability for a volunteer engagement with the Nelson SPCA. If successful, such information shall form part of the SPCA's volunteer records. Failure to supply the information requested would prejudice the SPCA's ability to assess your suitability for the position.

Information relating to unsuccessful applicants shall be retained by the SPCA for a period of 12 months. The information remains confidential to the Nelson SPCA, after 12 months it will be confidentially destroyed.

The above information is provided in accordance with the **Privacy Act 1993**.

Note: The completion of this form does not indicate that there is any obligation on the SPCA to engage the applicant.

PLEASE PRINT

POSITION APPLIED FOR:	Op Shop Volunteer Assistant
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YOUR NAME: (in block letters)	
Family Name:	
Given Names (<u>underline name used</u>):	
Are you known by any other name(s):	
Given details:	
CONTACT DETAILS:	
POST CODE	
Physical/Postal Address:	
Have you been there longer than 3 years? If NO please provide your former address.	
Home Phone Number:	Mobile:
Daytime Phone Number (if any):	
Email:	

Are you 18 years old or over?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Birth Date (optional)		

EDUCATION, SKILLS AND EXPERIENCE:

Please describe the skills or experience you have which may be relevant to volunteering in the SPCA Op Shop
(eg Retail experience, customer service etc)

VOLUNTEERING:

EMPLOYMENT / OCCUPATION

Are you currently employed?

Yes

No

If so, where?

CONTACT:

POSITION VACANT:

The positions are suitable for people able to volunteer

Please circle the time slot you are able to give to the SPCA Op Shop

ONCE A WEEK

WEEKDAYS

Monday 10.00am-1.00 1.00-4.30pm

Tuesday 10.00am-1.00 1.00-4.30pm

Wednesday 10.00am-1.00 1.00-4.30pm

Thursday 10.00am-1.00 1.00-4.30pm

Friday 10.00am-1.00 1.00-4.30pm

WEEKENDS

Saturday 10.00am- 3.00pm

GENERAL:

Have you been convicted of a criminal offence?

Yes

No

If yes, this may not automatically exclude you from the volunteer programme, please provide details.

Are you awaiting the hearing of charges in a civil or criminal court of law?

Yes

No

In case of emergency who can we contact? NAME & PHONE NUMBER & RELATIONSHIP

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DECLARATION:

I (full name) declare that to the best of my knowledge the information provided in this application and in any resumé enclosed is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be engaged, or if I am engaged, my volunteer role will be terminated.

I further understand that any offer of a volunteer engagement, if made, is conditional upon satisfactory confirmation from the New Zealand Police of any criminal record.

Signed: Date:

REFEREES: Please provide at least one - Employer etc

1. Name:

Company and Position:

Relationship to you:

Email address:

Telephone Number's:

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

If yes, Signature: Date:



SPCA Nelson

CONSENT TO DISCLOSURE OF INFORMATION

Licensing & Vetting Service Centre
Police National Headquarters
PO Box 3017
Wellington 6140

I,
(Surname) (Fore Names)

.....
(Maiden or any other names used)

Sex(M/F) Date and place of birth

Nationality

Residential Address

SuburbCity

NZ Driver Licence number

Hereby consent to the disclosure by the New Zealand Police of information they may have pursuant to this application, to **SPCA Nelson** I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

SignedDate

COMMENTS OF THE NEW ZEALAND POLICE

Agency code: S30523

Issue No: 7 Issue Date: Issued By: Volunteer Manager
Reference: Initial Application for Employment Page No: 4 of 4