



## APPLICATION TO BE A VOLUNTEER/WORK EXPERIENCE PARTICIPANT WITH NEW PLYMOUTH DISTRICT COUNCIL

### CONFIDENTIAL

#### PERSONAL INFORMATION UNDER THE PRIVACY ACT 1993

The information provided on this form will be used to process your application.

Staff having direct access to this information include the staff of Human Resources and staff responsible for the position. Under the Privacy Act 1993, you have a right of access to personal information about you held by the New Plymouth District Council and you are also entitled to request information about you to be corrected. This information will be held securely in New Plymouth District Council's files for a maximum period of 12 months from the time an appointment is made, after which time it will be destroyed, unless you are the appointee in which case the information will be placed on the volunteer personal file.

**NOTE:** Completion of this form does not indicate any commitment to accept you as a volunteer or work experience participant.

**Area applied for (if known) and/or type of work interested in:** \_\_\_\_\_

**Date:** \_\_\_\_\_

#### 1. PERSONAL INFORMATION:

**Family Name:** \_\_\_\_\_

**First Names:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

If you are known by other names, please record them here: \_\_\_\_\_

**Address:**

Residential: \_\_\_\_\_

\_\_\_\_\_

Postal: *(If different from above)*

\_\_\_\_\_

\_\_\_\_\_

**Contact Details:**

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

How is it best to contact you?

Email                  Phone                  Text

**2. GENERAL INFORMATION:**

Have you been a volunteer/work experience participant for the Council before?

Yes  No

If yes, what area(s)/role? \_\_\_\_\_

Do you speak or read any languages other than English?

Yes  No

If yes, please give details \_\_\_\_\_

**3. AVAILABILITY:**

Do you have any commitments which need to be taken into account when using your voluntary services as a volunteer/work experience participant?

Yes  No

If yes, please give details \_\_\_\_\_

\_\_\_\_\_

If accepted, when could you start?

\_\_\_\_\_

**4. DRIVING:**

Do you have a full current drivers licence?

Yes  No

If yes, what class/es? \_\_\_\_\_

\_\_\_\_\_

Does your driver's licence have any demerit points or endorsements?

Yes  No

Are you awaiting hearing of any charges for driving offences?

Yes  No

If yes, please give details \_\_\_\_\_

\_\_\_\_\_

**5. CONVICTIONS AND PROCEEDINGS:**

Have you ever been convicted of a criminal offence or are you awaiting charges in a criminal court of law? (This does not include convictions that are subject to the Clean Slate Scheme of the Criminal Records (Clean Slate) Act 2004).

Yes  No

If yes, please give details \_\_\_\_\_  
\_\_\_\_\_

Do you have any criminal charges pending? Yes  No

**6. HEALTH:**

Have you had or have suffered any known medical conditions, injuries or allergies that would affect your volunteer/work experience duties?

Yes  No

If yes, please give details \_\_\_\_\_  
\_\_\_\_\_

Would you require any alterations or additions to your work area or would you require any extra support as a volunteer/work experience participant in order to perform your duties satisfactorily?

Yes  No

If yes, please give details \_\_\_\_\_  
\_\_\_\_\_

Are you prepared to abide by the requirements of the Health and Safety at Work Act and subsequent regulations?

Yes  No

**7. REFEREES:**

Please provide details of two people we can contact about your suitability to be a volunteer/work experience participant (e.g. work supervisor, teachers, tutors, previous employers).

Referee 1

Referee 2

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Contact No.: \_\_\_\_\_

**8. NZ POLICE VETTING CHECK / MINISTRY OF JUSTICE CHECK**

Does the volunteer/work experience role/area you are applying for involve significant financial responsibility and/or working with children, other vulnerable people (such as the elderly), or visiting members of the public in their homes?

Yes  No  Unsure  *If unsure, we will clarify this for you.*

Please note that if your application is accepted and the above answer is 'yes', your voluntary services will be subject to a satisfactory NZ Police Vetting or Ministry of Justice check prior to starting. The form for this can be found on our website.

**9. DECLARATION:**

I, \_\_\_\_\_ (*full name*) declare I am over 16 years, that to the best of my knowledge, the answers to the questions in this application are correct. I understand that if any false information is given or any material fact withheld, I may not be accepted as a volunteer/work experience participant, or I am engaged in such duties, may be dismissed.

I consent to Council making enquiries to verify the information in the application including Police and reference checks and recognise that all enquiries will be conducted on a confidential basis.

\_\_\_\_\_ (*Signature*) \_\_\_\_\_ (*Date*)