

APPLICATION FOR VOLUNTEER ENGAGEMENT**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 Auckland 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, after which time 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.

The information remains confidential to the Auckland SPCA.

OFFICE USE (circle each as done) FIDO PC INTERVIEW REFERENCES 1 2 JDS CONFIRMED TRAINING

PLEASE PRINT

POSITION APPLIED FOR: <i>(where specific position known – otherwise leave blank)</i>	
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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:	
Physical/Postal Address:	
Have you been there longer than 3years? 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:	
<p>Please give details of any current animal related study you are undertaking:</p> <ul style="list-style-type: none"> • Name of Course • Tech/University • Is there a SPCA work experience requirement in this course? • If so, how much? 	
<p>Other qualifications/certificates/licenses or courses that may be relevant to working at the SPCA</p>	
<p>Please describe the skills or experience you have which may be relevant to volunteering at the SPCA (eg Dog/Cat owner, Obedience competitor, Breeder, Groomer etc)</p>	

LANGUAGES:	
<p>Can you hold an everyday conversation in any language other than English? (If yes, detail)</p>	

VOLUNTEERING:	
<p>Why do you want to volunteer at the Auckland SPCA?</p>	
<p>What do you hope/expect to get out of volunteering at the Auckland SPCA?</p>	

EMPLOYMENT / OCCUPATION	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, where?	
What is your occupation? (paid or unpaid)	
Number of Hours Work / Study per Week	

Have you ever worked for this SPCA or an associated animal welfare organisation before? If yes, where and when?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Give details of any other job which may be relevant.	
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MEDICAL:	
Have you had any injury or medical condition caused by gradual process, disease or infection, for example hearing loss, sensitivity to chemicals, repetitive strain injuries, allergies, that may be aggravated or further contributed to by the tasks of this job? +We suggest you have an up to date tetanus injection If yes, please detail	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p><i>completing the required training for a volunteer role at the SPCA? (this will be at least two full days training on a Saturday and Sunday for animal related positions).</i></p> <p>AND</p> <p><i>For a minimum of one year (or 12 days within a one year period) <u>commitment?</u></i></p>	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
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For Driving Roles Only:	
<p><i>Do you have a current Drivers Licence?</i></p> <p><i>If yes, what class?</i></p> <p><i>Drivers Licence Number:</i></p> <p><i>Do you have any demerit points or endorsements?</i></p> <p><i>If yes, please detail.</i></p> <p><i>Has your licence been revoked in the past five years?</i></p>	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p>.....</p> <p>.....</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p>.....</p> <p>.....</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>

GENERAL:	
<p><i>Where did you hear about the SPCA Volunteer Programme?</i></p>	<p style="text-align: center;">TV WEB FRIENDS PAPER OTHER</p> <p style="text-align: center;">PLEASE CIRCLE</p>
<p><i>Have you been convicted of a criminal offence?</i></p>	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
<p><i>If yes, this may not automatically exclude you from the volunteer programme, please provide details.</i></p>	<p>.....</p>
<p><i>Are you awaiting the hearing of charges in a civil or criminal court of law?</i></p>	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
<p><i>Do you have a friend, spouse, partner, relative or household member working here or elsewhere in the animal welfare industry?</i></p> <p><i>If yes, who?</i></p> <p><i>Where?</i></p> <p>In case of emergency who can we contact? NAME & PHONE NUMBER & RELATIONSHIP</p>	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p>.....</p> <p>.....</p> <p>.....</p>

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 two - Employer etc	
Name:	
Company and Position:	
Relationship to you:	
Email address:	
Telephone Number's:	
<u>If you supply an email address for a reference it can make the application process quicker.</u>	
Name:	
Company and Position:	
Relationship to you:	
Email address:	
Telephone Number's:	
<u>If you supply an email address for a reference it can make the application process quicker.</u>	

Iconsent 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:



CONSENT TO DISCLOSURE OF INFORMATION

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

I,
(Surname) (First Name or Names)

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

Sex: (Male or Female) Date & Place of Birth:

Nationality:

Residential Address:

Suburb: City:

NZ Drivers Licence Number:

Hereby consent to the disclosure by the New Zealand Police of information they may have pursuant to this application, to: **SPCA Auckland** 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.

Signed: Date:

COMMENTS OF THE NEW ZEALAND POLICE

A stamped, self-addressed envelope must accompany all requests.

Agency code: S30523

AUCKLAND SPCA VOLUNTEER TSHIRT REQUEST

The Auckland SPCA requires a cost recovery fee of \$25 to cover volunteer t shirt, badge and to defer the cost of processing your application and providing training materials, please pay this at the end of volunteer orientation, cash, eftpos or credit card accepted.

SIZE: In letters & numbers i.e S/10 _____

DATE REQUESTED: _____

PRINT FULL NAME: _____

Office Use Only:

Training completed:

T Shirt issued:

Donation received: