

GOC APPLICATION FORM

Thank you for considering volunteering at our organisation. The information in this form is being collected for the purposes of better managing our volunteers and assisting you to assist us. Only people in the organisation with a legitimate reason will have access to this information and bound to Privacy Act 1992

POSITION APPLYING FOR:

PERSONAL DETAILS

NAME

SURNAME

MOBILE NUMBER

E-MAIL ADDRESS:

ADDRESS INCLUDING POSTCODE:

EMERGENCY CONTACT DETAILS:
NAME:
ADDRESS:
RELATIONSHIP:

ARE YOU 18 YEARS OLD OR OVER?

YES

NO

Identification may be required

DO YOU IDENTIFY YOURSELF AS?
(CIRCLE AS MANY)

DEAF

NZSL USER

HARD OF HEARING

ORAL

HEARING

OTHER: _____

Questions

We would like to ask you some questions:

Why do you want to volunteer as (position chosen)

<p>What skills and experience could you bring to the position?</p>	
<p>Where did you see or hear about this volunteer opportunity.</p>	
<p>Do you have any conditions that would affect your role in volunteer? Is there anything we need to do to assist you in your volunteer work? If yes, please give details.</p>	

YOUR RELEVANT EXPERIENCES

Note: Please start with your most recent experience and work backwards

ORGANISATION	DATES	POSITION TITLE	MAIN DUTIES

Continue on a separate sheet if necessary

License and certificates

Do you hold any of the following: (please tick or circle)

First Aid Certificate				
Driver's License	Learners	Restricted	Full	None
Other qualifications relevant to volunteer activities that I am applying for:				

ADDITIONAL INFORMATION IN SUPPORT OF YOUR APPLICATION

IMPORTANT NOTE: You should describe how you meet the requirements of the position description and person specification referring to voluntary work, skills, training, and personal passions, interests / hobbies.

If required, I would be happy to participate in a police check. Y / N

Declaration

I (full name) confirm that the information given above is complete and correct.

Signed: _____

Date: _____

Thank you for taking your time to fill out and submit this form. Please email it to secretary@deafsports.co.nz