



## Volunteer Application

The completion of this form does not indicate that there is any obligation of the SPCA to engage with the applicant. The information remains confidential to my local SPCA although it may be forwarded to relevant staff depending on which volunteer duties you are interested in.

Person		Person ID Number
Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>
	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
	Dr <input type="checkbox"/>	
First name:	Surname:	
Address:		
Suburb:		
City:	Post code:	
Phone number:	Mobile number:	
E-mail:		
DOB:		
ID type/number:		

Emergency contact person details	
First name:	Surname:
Phone number:	Mobile number:
Relationship:	

Please indicate the areas you are interested in volunteering in:			
Working with dogs <input type="checkbox"/>	Working with cats <input type="checkbox"/>	Working with small animals <input type="checkbox"/>	Dog walking <input type="checkbox"/>
Fundraising <input type="checkbox"/>	Administration <input type="checkbox"/>	Graphic/ web design <input type="checkbox"/>	Ground keeping <input type="checkbox"/>
IT <input type="checkbox"/>	Op shop/ retail <input type="checkbox"/>	Short notice reliever <input type="checkbox"/>	Office assistant <input type="checkbox"/>
Other:			

Previous experience	
Have you ever worked or volunteered for an SPCA/animal welfare/conservation organisation before?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
What?	
Where?	
When?	

Please describe the skills or experience you have which may be relevant to volunteering in your chosen area:

References (please provide a referee whom we may contact to assess your suitability)	
Name:	Company:
Relationship to you:	
Email address:	
Contact number:	

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Would this be a work placement position?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', who for?		
Do you have commitments which need to be taken into account when using your services as a volunteer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', please give details:		
If accepted, when could you start?		
Have you any injury or medical condition past or present that may be aggravated or further contributed to by the volunteer work you may be assigned?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 in order to perform your duties satisfactorily?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', please give details:		
Do you suffer from any condition that could put you at risk in the presence of animals and/or cleaning products e.g. allergies/ pregnancy etc?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you up to date with your tetanus vaccination?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Date of last injection:	
Do you have a current driving license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Driving license number:		
Do you have any demerit points or endorsements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', please give details:		
Has your licence been revoked in the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been charged with a criminal offence or are you currently waiting for proceedings for any criminal offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', please give details:		
Are you prepared to abide by the requirements of the Health and Safety in Employment Act and subsequent regulations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



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### Availability

Depending on what volunteer role you are interested in will depend on when we need you or whether the role has flexible hours. For example: for cleaning and feeding we have 3 set shifts a day but other roles like dog walking, office assistant etc can be done throughout the day

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
All day	All day	All day	All day	All day	All day	All day
8am – 10am	8am – 10am	8am – 10am	8am – 10am	8am – 10am	8am – 10am	8am – 10am
10am – 2pm	10am – 2pm	10am – 2pm	10am – 2pm	10am – 2pm	10am – 2pm	10am – 2pm
2pm – 4:30pm	2pm – 4:30pm	2pm – 4:30pm	2pm – 4:30pm	2pm – 4:30pm	2pm – 4:30pm	2pm – 4:30pm

Evenings:

### Comments



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### Volunteer Agreement

I understand that it is my responsibility to identify and report hazards present in the workplace and to contribute towards a safe environment.

At no time should I or any volunteer represent themselves as an SPCA staff member.

I understand that I am making a commitment to a volunteer position. I will do my best to be punctual and reliable. If, for some reason, I am unable to fulfil my duties as a volunteer I will let the appropriate person know at the earliest opportunity.

Please read and observe all SPCA guidelines and policies, including health and safety, and maintain the confidentiality of the SPCA, staff, volunteers and its clients.

I understand as a volunteer, I may be exposed to confidential information and / or situations i.e. any information overheard or overseen regarding Animal Welfare Complaints, Inspections, Clients, Uplifted animals etc.

I understand I shall not discuss any information and / or situations in this regard with anyone other than North Taranaki SPCA staff members or Committee.

This information must not leave the confines of the North Taranaki SPCA.

This agreement is binding in honour only, and is not intended to be a legally binding contract. It may be cancelled at any time at the discretion of either party.

I agree to give a notice of two weeks of termination of my commitment.

I agree that I am over 16 years of age and am capable of performing the tasks required of me and taking guidance from staff.

I consent to the SPCA seeking verbal or written information about me on a confidential basis 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.

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

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

Signature:

Date:

Please return this form by dropping it off to **NTSPCA at 75 Colson Road, Glen Avon** or email to **maria.npspca@xtra.co.nz**