Tauranga

Voluntary Work Application Form

Personal Information

Family Name:_____ Date of Birth : _____ / _____/_____

First Name (s):_____ Are you 18 years old or over? Yes ❑ No ❑

Address:_____ Phone: (Hme)_____

_____ (Wrk)_____

Email:_____ (Mob)_____

Emergency Contact

Name:_____ Relationship:_____

Address:_____ Phone: (Hme)_____

_____ (Wrk)_____

_____ (Mob)_____

General

Have you (where could be seen relevant to the job for which you have applied) any criminal offence convictions of charge hearings pending? Yes ❑ No ❑

Have you ever had an animal welfare complaint made against you? Yes ❑ No ❑

If yes to either of the above, please give details:-

_____

_____

Do you a friend, spouse, partner, relative or household member working/volunteering here or elsewhere in in an op-shop? Yes ❑ No ❑

If yes, who and where?_____

Note: Tauranga SPCA abides by the provisions of the Privacy Act 1993 in its dealings with volunteers. Information on this form will not be used in a way that you would not reasonably expect, nor disclosed to a third party without your consent.

Health & Safety Information

The Health and Safety in Employment Act requires an employer to identify hazards and provide a safe place to work. A person's medical or physical state may pose a hazard for that person and/or other staff. This questionnaire is for the purpose of providing us with an understanding of your medical background. *If you feel uncomfortable about answering any of the questions or if you have a query about the relevance, please discuss it with us.*

Have you ever had any of the following:

Back or neck pain or strain	Yes ❑	No ❑	Hearing problems	Yes ❑	No ❑
Eyesight problems	Yes ❑	No ❑	RSI or overuse syndrome	Yes ❑	No ❑
Heart problems of any kind	Yes ❑	No ❑	Allergy (animals)	Yes ❑	No ❑
Joint or cartilage problems	Yes ❑	No ❑	Allergy (dust/chemicals)	Yes ❑	No ❑
Skin rashes or dermatitis	Yes ❑	No ❑	Stress related conditions	Yes ❑	No ❑
Fear of animals	Yes ❑	No ❑	Epilepsy or fits	Yes ❑	No ❑
Fear of enclosed spaces	Yes ❑	No ❑	Colour Blindness	Yes ❑	No ❑
Any other condition of which your employer should be made aware?				Yes ❑	No ❑

Are you on any medication that we should be aware of that may impair your ability to work safely? (if yes please provide details) Yes ❑ No ❑

Have you had any illness or disease that prevented you from working for more than two weeks or that required more than one week of medical treatment? Yes ❑ No ❑

Do you have any physical or psychological conditions which may affect your work performance or regular attendance or which may be aggravated by the position you are seeking? Yes ❑ No ❑

Please comment on any questions to which you have answered "Yes":_____

_____

_____

_____

Education, skills and experience

Please describe the skills or experience you have which may be relevant to volunteering at the SPCA op shop.

_____

_____

Employment /Occupation

Are you currently employed Yes ❑ No ❑

If yes, please give details_____

Have you ever worked for this SPCA or an associated animal welfare organisation before? Yes ❑ No ❑

If yes, where and when?_____

Please give details of any other position you have held that may be relevant_____

_____

Volunteering

Why do you want to volunteer for the SPCA Op-Shop?_____

_____

What do you hope/expect to get out of it? _____

_____

Volunteering options

Please indicate your preference:

Sorting clothes	❑	Picking up small items, Clothes etc.	❑	General cleaning	❑
Washing clothes	❑	Front counter work	❑	Odd jobs/maintenance	❑
Pricing put items in the shop	❑	Dropping of pamphlets fliers.	❑	Delivery of large items	❑
Picking up large items	❑				

What days are you available to volunteer?

Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday ❑ Saturday ❑

Circle one or more

Morning 9 am – 10 am

10 am – 11 am

11 am - 12 noon

Afternoon: 12,pm - 1 pm

1 pm - 2 pm

2 pm – 3 pm

3 pm – 4 pm

4 pm – 5 pm

Are you happy for us to contact when emergency cover is required? Yes ❑ No ❑

declaration

I _____ declare that:

a) The information provided in this application (and in any other material supplied) is, to the best of my knowledge, correct.

b) I understand that if any false information is given or material facts suppressed, I may not be accepted or, if I am employed, my employment may be terminated.

c) I have completed this application form myself.

Applicant's Signature:_____ Date: ____/____/____