

Volunteer Application form

Contact details

Surname: _____ First name: _____ Title: Mr Miss Ms Mrs Other _____
 Postal address: _____
 Street address (if different): _____ Post code: _____
 Telephone (daytime): _____ Mobile: _____
 Email: _____ Date of Birth: _____

Volunteer Roles

There are a number of opportunities for volunteering for PSEC. Please indicate below which of our services you are interested in supporting, and which roles are of interest to you:

Services

PSEC admin Enliven Older People Enliven Disability Family Works Charity Store Event

Location

Napier Taradale Gisborne Hastings Havelock North

Roles

Shop volunteer Enliven Centre support Event assistance
 Office/administration Enliven Older People companion Street appeals
 Family Works donated goods / baking Mosaic Centre companion Other _____
 Rowan companion

Your availability

Please let us know how much time you'd be prepared to give to volunteering. Charity store volunteers are rostered for morning (9.30am - 1pm) or afternoon (1pm - 4.30pm) shifts, Monday to Friday and 9.30am - 1pm Saturday.

Frequency

Weekly Fortnightly Monthly Other _____

Hours per session

1 to 2 3 to 4 4 to 6 More than 6

Morning Afternoon Evening

Days

Monday Tuesday Wednesday Thursday Friday

Saturday Sunday Other _____

Volunteer Application form cont.

About you

Why are you interested in volunteering at PSEC?

What experience or skills can you bring to the organisation?

Health

Do you have any medical conditions, mental health issues or physical limitations that may affect your work as a volunteer, or may affect your safety and that of your colleagues? If so, please describe:

Character

Do you have any criminal convictions, or are you awaiting the hearing of any charges in a court of law?

Yes No If yes, please give details

Do you consent to a full Police check and/or a criminal conviction history? Yes No

Please provide the details of someone that PSEC may contact, in complete confidence, to establish your suitability for volunteering and/or the specific role that you are applying for:

Name: Relationship to you:

Telephone (daytime) Cellphone:

Please provide the details of an **emergency contact person**:

Name: Relationship to you:

Telephone (daytime) Cellphone:

Drivers Licence number: OR Passport number:

Our clients and families involved with Presbyterian Support East Coast are accorded confidentiality. As a volunteer with this organisation I agree to respect and maintain this trust.

I agree to my name and phone number being used with Presbyterian Support East Coast. The personal information contained in this form will be held by and remain confidential to Presbyterian Support East Coast. Under the Privacy Act 1993, you have the right (with certain exceptions) to request access to, and correction of, any personal information held by us.

I declare that all the information provided by me in support of my application is correct. I acknowledge that if I have provided incorrect or misleading information, or have omitted information of significance I may be disqualified from becoming a volunteer, or if appointed, be liable to be dismissed.

Signed: Date:

Please return to PSEC Volunteer Manager, Presbyterian Support East Coast, 87 Te Mata Road, PO Box 8119, Havelock North 4157 or email volunteer@psec.org.nz

For further information or questions please phone the Volunteer Manager on 06 877 8193 or 027 655 3571.

Thank you for your interest in volunteering for PSEC!