## **Major Events Workforce and Volunteers**



**Volunteer Application Form** 

Title of position applied for:					
Surname or Family Name:					
All other names:					
Preferred Name:					
Contact address:					
Contact phone:	Day:		Evening:		
Email Address:					
Where did you learn of this vaca	ncy first? (please mar	k one box only)			
VolunteerNet Website		Other Website	Please specify:		
Personal contacts		Other Please specify:			
Are you either a New Zealand citizen or a permanent NZ resident?					
Yes No					
If not, do you have a current Nev	v Zealand work permi	it?			
Yes No					
If you have a work permit, please state when it started and when it expires:					
Started: / /		Expires: /	/		
Referees					
May we contact the referees ider	ntified in your CV pric	or to the interview?			
Yes No					

## Health

Do you have, or have you ever had, a medical condition caused by an injury, illness, disability or gradual process that the tasks of the vacancy you are applying for may aggravate or contribute to, or that may affect your ability to carry out the work of the vacancy you are applying for?
Yes No No
If yes, please elaborate:
Are there any ways in which we can provide health-related assistance to enable you to perform the work of this position more effectively?
Yes No
If yes, please elaborate:
Convictions
Do you have any traffic offences or criminal convictions including any charges pending [but not including any concealed under the Criminal Records (Clean Slate)Act 2004 e.g. convictions over 7 years old not resulting in a custodial sentence etc? Refer to website: www.justice.govt.nz/privacy/clean-slate.html if you are unsure.  Yes No
If yes, please elaborate:
The position that we are considering you for may require a criminal history check, security clearance and/or qualification verifications. If this is the case, do you consent to these checks being undertaken?  Yes No

Declaration	
I certify that the information I have provided is correct. I understand that any incorrect, misleading or omitted information may disqualify me for appointment, or if I am appointed, make me liable to be dismissed.	
Information disclosure	
In accordance with the Official Information Act 1982, The Privacy Act 1993, and the Employment Relations Act 2000, I authorise ORGANISATION to use the information I have provided for the appointment process, and if necessary by any relevant party undertaking a review of appointment process.	

**NOTE:** This form does not require a hard copy signature; please return it electronically.