VOLUNTEER APPLICATION - Confidential

Mr Mrs Miss Ms			
Surname:			
Given Names:			
Preferred Name:			
Your Home Address:			
Phone No Home: Mobile:			
Email Address:			
Next of Kin Contact in the event of an emergency:			
Why do you want to volunteer your time at Switzer?			
Please read our Volunteer Handbook, then describe the skills and attributes you hold which will be helpful in your voluntary work at Switzer and tell us what you would like to be involved			
in:			

Because of the nature of our work and the vulnerability of our residents we need to do two things before you join our team:

- 1. Obtain a reference to support your application; and
- 2. Complete the New Zealand and or Australian police Vetting process

Do you consent to the Management obtaining a reference?

YES/NO

Do you consent to the Police Vetting Process?

YES/NO

Please provide the name, address and teleph	none number of one referee:	
Name:	Address:	
Position:	Phone:	
I consent to the Claud Switzer Memorial T confidential basis about me from one refunderstand that the information received by material and will not be disclosed to me.	eree and from the Police Ve	tting service. I
Signature Date		
Have you been convicted of a criminal offence	e?	YES/NO
Are you awaiting the hearing of charges in a	civil or criminal court?	YES/NO
Do you have current drivers license?		YES/NO
If yes, state class		
Drivers License No		
Do you have any endorsements or dem	erits?	YES/NO
If yes, please detail		
Have you had an injury or medical condition (for example hearing loss, sensitivity to chaggravated or further contributed to by the tax	nemicals, repetitive strain injurie	
If yes, please give details:		
Signed:	Dated:	

PLEASE PROVIDE 1 X FORM OF PHOTO ID (PASSPORT/DRIVERS LICENCE)