



PO Box 15 085, Dinsdale, Hamilton
 219, Ellis Street, Frankton
 Telephone : 07 8474 868

Volunteer Application Form

Volunteers working with animals are required to attend a Health & Safety course to comply with OSH standards. These courses are held regularly on Saturdays at 11am and last approximately 1.5 hours. When your application form has been received, the Volunteer Coordinator will contact you to make a booking for the course. It is free!

Please complete this form personally

Date of Application:

This application form is a source of information which will be used by the SPCA to assist it in considering your suitability for a volunteer engagement with the Waikato SPCA. If successful, such information shall form part of the SPCA's volunteer records. Failure to supply the information requested would prejudice the SPCA's ability to assess your suitability for the position.

Information relating to unsuccessful applicants shall be retained by the SPCA for a period of 12 months, after which time it will be confidentially destroyed.

The above information is provided in accordance with the **Privacy Act 1993**.

Note: The completion of this form does not indicate that there is any obligation on the SPCA to engage the applicant.

The information remains confidential to the WAIKATO SPCA.

PLEASE PRINT

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| POSITION APPLIED FOR: <i>(where specific position known – otherwise leave blank)</i> | |
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| YOUR NAME: (in block letters) | |
| Family Name: | |
| Given Names (<u>underline name used</u>): | |
| Are you known by any other name(s): | |
| Given details: | |

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| CONTACT DETAILS: | |
| Email | |
| Physical/Postal Address: | |
| Have you been there longer than 3years? If NO please provide your former address. | |
| Home Phone Number: | Mobile: |
| Daytime Phone Number (if any): | |
| Are you over 16 years old? If not, how old are you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| Birth Date: Please tick the group that applies to you | 16-30yrs | 31-60yrs | 60+ |
| EDUCATION, SKILLS AND EXPERIENCE: | | | |
| Please give details of any current animal related study you are undertaking: <ul style="list-style-type: none"> • Name of Course • Tech/University • Is there a SPCA work experience requirement in this course? • If so, how much? | | | |
| Other qualifications/certificates/licenses or courses that may be relevant to working at the SPCA | | | |
| Please describe the skills or experience you have which may be relevant to volunteering at the SPCA (eg Dog/Cat owner, Obedience competitor, Breeder, Groomer etc) | | | |

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| LANGUAGES: | |
| Can you hold an everyday conversation in any language other than English? (If yes, detail) | |

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| VOLUNTEERING: | |
| Why do you want to volunteer at the Waikato SPCA? | |
| What do you hope/expect to get out of volunteering at the Waikato SPCA? | |

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| EMPLOYMENT / OCCUPATION | | |
| Are you currently employed? | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | |
| If so, where? | | |



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| <p>What is your occupation? (paid or unpaid)</p> | |
| <p>Number of Hours Work / Study per Week</p> | |
| <p>Have you ever worked for this SPCA or an associated animal welfare organisation before? If yes, where and when?</p> | <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>.....</p> |
| <p>Give details of any other job which may be relevant.</p> | |

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| <p>MEDICAL:</p> | |
| <p>Have you had any injury or medical condition caused by gradual process, disease or infection, for example hearing loss, sensitivity to chemicals, repetitive strain injuries, allergies, that may be aggravated or further contributed to by the tasks of this job?</p> <p>If yes, please detail</p> | <p style="text-align: center;"> Yes No <input type="checkbox"/> <input type="checkbox"/> </p> <p>.....</p> <p>.....</p> |

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| <p>SHIFT OPTIONS:</p> | |
| <p>Please indicate the areas you might be interested in volunteering.</p> | <p> Working with dogs at the SPCA Working with cats at the SPCA Working with small animals (eg rabbits). Fostering cats/dogs in your own home Fostering animals in your own home Fundraising Bucket Rattling Helping at events Administration Volunteer Driving Weekday Dog Walker Education department Other..... </p> |
| <p>Please circle your availability for volunteering at the SPCA?</p> | <p>Weekly: min of 4 hours, 8 hours, other.....</p> |

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| <p><i>If yes, this may not automatically exclude you from the volunteer programme, please provide details.</i></p> | |
| <p><i>Are you awaiting the hearing of charges in a civil or criminal court of law?</i></p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p><i>Do you have a friend, spouse, partner, relative or household member working here or elsewhere in the animal welfare industry?</i></p> <p><i>If yes, who?</i></p> <p><i>Where?</i></p> <p><i>In case of emergency who can we contact? NAME & PHONE NUMBER</i></p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>.....</p> <p>.....</p> |

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| <p><i>DECLARATION:</i></p> <p>I (full name) declare that to the best of my knowledge the information provided in this application and in any resumé enclosed is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be engaged, or if I am engaged, my volunteer role will be terminated.</p> <p>I further understand that any offer of a volunteer engagement, if made, is conditional upon satisfactory confirmation from the New Zealand Police of any criminal record.</p> <p>Signed: Date:</p> |
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| REFEREES: Please provide at least two - Veterinarian, Employer etc | |
| Name: | |
| Company and Position: | |
| Relationship to you: | |
| Email address: | |
| Telephone Number's: | |
| <u>If you supply an email address for a reference it can make the application process quicker.</u> | |
| Name: | |
| Company and Position: | |
| Relationship to you: | |
| Email address: | |
| Telephone Number's: | |
| <u>If you supply an email address for a reference it can make the application process quicker.</u> | |

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

If yes, Signature: Date: