

**CONFIDENTIAL**



**NEW PLYMOUTH DISTRICT COUNCIL**  
newplymouthnz.com

## **APPLICATION TO BE A VOLUNTEER WITH NEW PLYMOUTH DISTRICT COUNCIL**

### **PERSONAL INFORMATION UNDER THE PRIVACY ACT 1993**

The information provided on this form will be used to process your application. The information requested is not required by law, but if insufficient information is provided your application may not be considered.

Council employees having direct access to this information include the staff of Human Resources and staff responsible for the position. Under the Privacy Act 1993, you have a right of access to personal information about you held by New Plymouth District Council and you are also entitled to request information about you to be corrected. This information will be held securely in New Plymouth District Council's files for a maximum period of 12 months from the time an appointment is made, after which time it will be destroyed, unless you are the appointee in which case the information will be placed on the volunteer personal file.

**NOTE:** Completion of this form does not indicate any commitment to accept you as a volunteer.

Area applied for  
as a volunteer: \_\_\_\_\_

Date: \_\_\_\_\_

### **1. PERSONAL INFORMATION:**

**Family Name:** \_\_\_\_\_

**First Names:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

If you are known by other names, please record them here: \_\_\_\_\_

**Title** if desired (*Optional*) \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Contacts:**

Residential: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Mailing: (*If different from above*)

\_\_\_\_\_

\_\_\_\_\_

**2. GENERAL INFORMATION:**

Do you speak or read any languages other than English? Yes  No

If yes, please give details \_\_\_\_\_  
\_\_\_\_\_

**3. AVAILABILITY FOR VOLUNTEER WORK:**

Do you have any commitments which need to be taken into account when using your services as a volunteer?

Yes  No

If yes, please give details \_\_\_\_\_  
\_\_\_\_\_

If accepted, when could you commence?  
\_\_\_\_\_

**4. DRIVING:**

Do you have a full current drivers licence? Yes  No

If yes, what class(es)? \_\_\_\_\_  
\_\_\_\_\_

Date issued: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Does your driver's licence have any demerit points or endorsements?

Yes  No

Are you awaiting hearing of any charges for driving offences? Yes  No

If yes, please give details \_\_\_\_\_  
\_\_\_\_\_

**5. CONVICTIONS AND PROCEEDINGS:**

Have you ever been convicted of a criminal offence or are you awaiting charges in a criminal court of law? (this does not include convictions that are subject to the clean slate scheme of the Criminal Records (Clean Slate) Act 2004).

Yes  No

If yes, please give details \_\_\_\_\_  
\_\_\_\_\_

If offered appointment, do you agree to authorise the council to obtain a copy of personal information held on you by the Department of Courts.

Yes  No

**6. HEALTH:**

Have you had or do you have an injury or medical condition caused by gradual process disease or infection, e.g. hearing loss, sensitivity to chemicals, repetitive strain injuries, that the tasks of this volunteer work may aggravate or contribute to?

Yes  No

If yes, please give details \_\_\_\_\_  
\_\_\_\_\_

Would you require any alterations or additions to your work area as a volunteer in order to perform your duties satisfactorily?

Yes  No

If yes, please give details \_\_\_\_\_  
\_\_\_\_\_

Are you prepared to abide by the requirements of the Health and Safety in Employment Act 2002 and subsequent regulations?

Yes  No

**7. DECLARATION:**

I, \_\_\_\_\_ (*full name*) declare that to the best of my knowledge, the answers to the questions in this application are correct. I understand that if any false information is given or any material fact withheld, I may not be accepted as a volunteer, or if already engaged in such duties, may be dismissed.

\_\_\_\_\_ (*Signature*) \_\_\_\_\_ (*Date*)