**Diocese of Palmerston North**

**Volunteer Form**

*The personal information that you provide on this form, and any other information obtained from referees, will only be used to assess your suitability for the role you are applying for. All information provided will be kept secure, and only personnel involved in recruitment will have access to this information. Information you provide on this form will not be shared with outside organisations unless it is to verify accuracy of the information with the relevant agency. Information you provide on this form will be destroyed securely at the end of your tenure. By signing this form, you understand that when you cease to be a volunteer, a summary of your information (name, role and dates) will be retained for the organisation’s safeguarding record. While we hold your information, you have a right to request a copy of the information we hold and to have information amended if you feel it is inaccurate. You may make a complaint to us, or to the Office of the Privacy Commissioner, if you feel your privacy has been breached.*

**Please complete this form and return it with any other documentation requested.**

**1. Volunteer role(s)**

**1a. Agreed responsibilities**

**2. Mr Ms Mrs Miss** *(Circle)* **Other …………….**

 **Surname or family name**

 **First names**

 **Address**

 **Email**

 **Telephone/Mobile**

**3. Do you hold a full New Zealand Drivers Licence?** YES / NO **Number:**

**4. Please disclose all criminal convictions, unless covered by the Clean Slate Act 2004.***View the Ministry of Justice website for further information on what you are required to declare:* [*https://www.justice.govt.nz/criminal-records/clean-slate/*](https://www.justice.govt.nz/criminal-records/clean-slate/)

**5. Please provide a list of recent employment and volunteer history -** commencing with most recent

|  |  |  |
| --- | --- | --- |
| **Organisation/Employer** | **Position held**  | **Period** **engaged** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**6. Please give the names and contact details of 2 referees.**

|  |  |  |
| --- | --- | --- |
| **Name & Relationship**  | Email | **Telephone: Work** **Home/Mobile** |
|  |  |  |
|  |  |  |

**7. DECLARATION / AUTHORISATION**

I consent to referees named on this form being contacted and consulted about my volunteering.

I also give permission to the Roman Catholic Bishop of the Diocese of Palmerston North and his delegates/agents to make other enquiries, as they see fit in relation to this document, and I consent to the disclosure of information to them by such persons of whom the enquiry is made on matters relevant to my suitability for the volunteer role undertaken.

 I certify that the information I have provided in this form and any other information provided is true and correct. I understand that if I have knowingly given incorrect, incomplete, or misleading information I may be disqualified from volunteering.

Signature Date

(If the volunteer is under the age of 18, the signature of a parent/guardian is also required.)

Parent/Guardian’s name: ...................................................................

Parent/Guardian’s signature: ...................................................................

Date: ...................................................................