

Te Whariki Manawahine O Hauraki

(Hauraki Women's Refuge Volunteers Application Form)

Name: _____ Date: _____

Date of Birth: _____

Address: _____

Phone: _____ Mobile: _____

Email Address: _____

Emergency Contact Person: _____

Emergency Contact Number: _____

What Days and Hours would you be available for Volunteer Support?

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Sat: _____ Sun: _____

In which Area are you Interested in providing Volunteer Support?

Community Shop Safe House Crisis Pick Ups Driver After Hours On
Call

For A/H On Call: Are you contactable by cell phone 24hrs a day Yes No

Will you be able to attend weekend or evening training? Yes No

Please list two referees that we may contact:

Name: _____

Organisation: _____

Phone: _____

Address: _____

Relationship: _____ Years Known: _____

Name: _____

Organisation: _____

Phone: _____

Address: _____

Relationship: _____ Years Known: _____

General Information

How did you hear about Te Whariki Manawahine O Hauraki Women's Refuge?

Why are you interested in volunteering for TWMOH Women's Refuge?

What experience have you had in refuge work and or community work?

What have you enjoyed about your previous experiences in refuge or community work?

What have you not enjoyed about your previous experience in refuge or community work?

Why do you think people stay in abusive relationships?

Forms to Complete as Part of Volunteers Application:

- New Zealand Police Vetting Form (disclosure of criminal convictions).
- Declaration of Criminal Conviction (conviction of violence, sexual violation, or dishonesty)
- Volunteer & Confidentiality Agreement (safety/ privacy document).
- Photocopy of Driver License Full Restricted Learners

All of the information that I have given is truthful and accurate. I understand that if any information is falsified, my application may not be accepted.

Signature: _____

Date:

Te Whariki Manawahine O Hauraki

CONSENT TO DISCLOSURE OF INFORMATION

Licensing & Vetting Service Centre
Police National Headquarters
PO Box 3017
WELLINGTON 6140

I, _____
(Surname) (First Names)

(Maiden or any other names used)

Home Address: _____

Suburb: _____ Town/City _____

Gender: _____ Date and Place of Birth: _____

Nationality: _____ NZ Drivers License Number: _____

I hereby consent to the disclosure by the New Zealand Police, of information they may have pursuant to this application, to Te Whariki Manawahine O Hauraki. I understand that any record of criminal convictions I might have, will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate Act 2004).

Signed _____ Dated: _____

COMMENTS OF THE NEW ZEALAND POLICE

(A stamped, self-addressed envelope must accompany all requests)

AGENCY CODE T20504

Te Whariki Manawahine O Hauraki

DECLARATION OF CRIMINAL CONVICTION

We are required by Child, Youth & Family to ensure that all paid and unpaid workers complete this declaration. We cannot allow people with any conviction of violence (particularly sexual violations) and or dishonesty (fraud) to be involved in delivery of services or the finances of the organisation.

Full Name: _____

Address: _____

Phone Number: _____

Date of Birth: _____ IRD No: _____

Previous Employer: _____

Do you have a criminal conviction: YES NO

If yes, what were you convicted of: _____

Year of Conviction: _____

- I declare this statement to be true and accurate and make it known that verification may be sought with the Criminal Records Section, National Police Headquarters, Wellington
- I agree to having this contact renewed at my staff appraisal
- I agree to a full police vetting check.

Signed: _____

Date: _____

Te Whariki Manawahine O Hauraki

VOLUNTEER CONFIDENTIALITY AGREEMENT

This agreement is between:

and

Te Whariki Manawahine O Hauraki (hereby known as the Organisation)
(Hauraki Women's Refuge).

This agreement takes effect on:

Volunteer Role

The primary role of all staff and volunteers is to support, promote and represent Te Whariki in line with the aims and objectives of the organisation.

Main Functions of the Role

A volunteer is to carry out the duties as stated in the Volunteer Assignment Description for the period stated.

Support and Performance Review

- An Assignment review will take place at the end of each period stated
- A performance review will take place at least annually

Confidentiality

As a volunteer I understand that I am to keep the Safe House location, names of other residents and that of Refuge staff confidential (this is to ensure the safety and protection of all residents and staff against angry spouses or family). I will not divulge or communicate to anyone, any information gained during the performance of my duties for the organisation.

Signed:
(volunteer)

Dated:

Name of Manager:

Signature:

Dated:

(Based on Form HR 4.3.6 – Master Copy KOPPS, pg 289)