

FEELINGFAB FOUNDATION

Volunteer Application Form

Title: Mr Mrs Miss Ms (Circle one)

Full Name: _____ Preferred Name: _____

Address: _____

Post Code: _____ Email: _____

FB Profile Name/ID: _____ IG Profile Name/ ID: _____

Contact Phone: _____

Date of Birth: _____ Ethnicity: _____

Occupation: _____

EMERGENCY CONTACT/NEXT OF KIN: (To be used only in case of, accident, sudden illness or civil emergency)

Emergency/NOK: _____ Relationship: _____

Contact Phone: _____

1. Please list any health-related issues that may impact on your ability to effectively perform the tasks and responsibilities of your duties as a volunteer?

2. Please list any specific skills, training, interests or work experience that you believe may influence the area where you are assigned, including previous volunteer experience?

3. Which area(s) are you able to travel to for Wellness Days?

- Auckland - Pukekohe to Dairy Flat Yes No
 - North Auckland - Warkworth to Mangawhai Yes No
 - Northland - Dargaville, Waipu to Cape Reinga Yes No
 - Wellington Yes No
 - Christchurch Yes No
 - Other _____ Yes No
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4. Do you speak any language other than English? _____

5. Are you available during the school holidays and/or on Public Holidays Yes No

6. Have you ever been convicted of a criminal offence (within last seven years)? Yes No

7. Are you awaiting a criminal court hearing or undergoing disciplinary action? Yes No

- If yes, please describe: _____

8. Do you give consent for Vetting/Police Check? Yes No

Referee Request

It is our policy to verify the suitability of all new volunteers. Please supply the **names and addresses** of **TWO** referees who will be willing to support your application to become a volunteer? **Please choose people who have known you for at least two years, but who are NOT immediate family.**

We will phone **ONE** of the people that you nominate.

Name: _____ **Phone:** _____

Address: _____ **Relationship to you:** _____

Name: _____ **Phone:** _____

Address: _____ **Relationship to you:** _____

Confidentiality Agreement

The Feeling Fab Charitable Trust/Foundation requires that strict confidentiality be maintained with respect to all information obtained by volunteers concerning the organisation, as well as the clients and others they serve.

Volunteers shall not disclose any information obtained in the course of his/her volunteer placement to any third parties without prior written consent from the organisation. This includes but is not limited to information pertaining to financial status and operations such as budget information, donations of money or gifts in kind, salary information, information pertaining to clients, staff or other volunteers.

At no time are your religious beliefs/faiths to be discussed during your sessions with your clients.

No information concerning any volunteer will be divulged without prior written consent of the volunteer. This includes addresses, telephone numbers, etc.

Failure to comply with the confidentiality policies of the organisation may result in disciplinary actions, including the dismissal of the volunteer.

As a volunteer of this organisation, I understand that I may have access to confidential information, both verbal and written, relating to clients, volunteers or staff and the organisation.

I understand, and agree, that all such information is to be treated confidentially and discussed only within the boundaries of my volunteer position at this organisation.

I also agree not to discuss these same matters after I have left my volunteer position at this organisation. I further understand that breach of this agreement shall constitute grounds for and may result in termination of my volunteer status with this organisation, except where such disclosure is consistent with stated policy and relevant legislation.

Your signature below indicates your acceptance and agreement with the terms outlined above.

General Declaration

I confirm that all details supplied on this form are true and complete to the best of my knowledge and I recognise that failure to declare any relevant information or to supply the details required may result in my volunteer role with Feeling Fab be discontinued. I understand that this form and its information will be held securely on the Feeling Fab database.

Name: _____ **Signature:** _____

Date: _____