**Area(s) of interest** - Please indicate which area(s) you are interested in volunteering with -

❑ Admin Support ❑ Transport ❑ Fundraising

❑ Social Connection ❑ Visiting Service

❑ Other

**Statistical Details**

Gender: Male / Female / LGBTQ

DHB:

Ethnicity:

❑ Pākehā (NZ European)

❑ Māori

❑ Pacific Islander

❑ European (including British)

❑ Chinese

❑ Indian

❑ Other Asian

❑ Australian

❑ North American

❑ African, Middle Eastern, Latin America

❑ Other

**Contact Details**

First names:

Preferred Name:

Last Name:

Address:

City & Postcode

NHI Number:

Home Phone:

Cell Phone:

Work Phone:

Email:

Date of birth:

**Residency:** ❑ NZ National ❑ Not a NZ National ❑ No NZ citizenship or residency

**Emergency Contact Details**

Names: Relationship:

Day Phone:

**How many clients would you be prepared to engage with?** One ❑ Two ❑

**What are your interests and pastimes?**

❑ Arts & Crafts ❑ Biking ❑ Board Games ❑ Card Games ❑ Church

❑ Computer Activities ❑ Cooking / Baking ❑ Current Affairs

❑ DIY ❑ Gardening ❑ Knitting ❑ Movies ❑ Music ❑ Puzzles

❑ Reading ❑ Sports ❑ Walking Other

**Languages spoken other than English:**

**What days are you available?**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mon | | Tue | | Wed | | Thu | | Fri | | Sat | | Sun | |
| AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |

**If you become a volunteer visitor, are you willing to be matched with a client who smokes?**

❑ Yes ❑ No

**What means of transport will you use?**

❑ Own car ❑ Public transport ❑ Motorbike / Scooter / Bike ❑ Walking

**Do you have any health / other concerns that we should know about e.g. hearing / vision / allergies / mobility?**

**Occupation:**

**Family situation:**  ❑ Married with dependents ❑ Married without dependents

❑ Single with dependents ❑ Single without dependents

**Why do you want to be a volunteer with Age Concern?**

**Have you attended any courses, seminars or had any other training that may be relevant?  
If so, please state**

**Referees**

Please provide the names, day phone numbers and / or email addresses of *two* references who are not related to you

1.

2.

**Consent / Acknowledgement**

I, acknowledge with my signature that Age Concern Tauranga has the right to:

1. Maintain contact with me until I advise otherwise
2. Contact the referees I have named above
3. Keep the personal information on this form on file

Signature: Date:

In accordance with the Privacy Act 1993, the contents of this form are confidential to Age Concern.