



Volunteer Application Form

Name: _____

Address (physical): _____

Address (postal if applicable): _____

Phone: (home) _____ (mobile) _____

Email: _____

Position applying for: _____

1. Have you worked in a voluntary capacity before? If so, please give details

2. What appeals to you about this role?

3. What qualities or skills do you possess that you think will benefit Epilepsy NZ?

4. What do you hope to gain by working for Epilepsy NZ?

5. Do you have any health concerns that may affect you while volunteering?

6. Have you had any criminal convictions within the last 10 years, or are you currently awaiting proceedings for any criminal offences?

Yes No

Referees: Epilepsy NZ may undertake referee checks for prospective volunteers. Please list two people (one must not be a friend or relative) who know you well, from whom we can obtain a character reference.

1. Name: _____

Relationship: _____

Telephone: (daytime) _____ (mobile) _____

2. Name: _____

Relationship: _____

Telephone: (daytime) _____ (mobile) _____

DECLARATION AND AUTHORISATION

I, _____ certify that all information that I have provided to you is true, accurate and complete. I authorise you to contact my named referees to seek information from them that may be relevant to my application for voluntary service. I understand a police check will be required.

Signed: _____ Date: _____