

Please complete the following survey and return to **Community House Reception** or email digital copy to <u>kathy.harrington-watt@safermidcanterbury.org.nz</u>

# **Volunteer Show of Interest Form**

Date:		
Name:	 	 
Address:	 	
Email:	 	 
Phone:		

### 1. Gender (tick)

\_\_\_Female

\_\_Male

\_\_\_Non binary

\_\_\_Prefer not to say

## 2. Age (tick)

\_\_\_18-30

\_\_\_31-50

\_\_\_51-70

\_\_\_71-91

#### Tick the areas you think you would like to assist with? (can tick more than one)

- \_\_\_ Neighbourhood Team Family Support
- \_\_\_\_ House preparation and set up for arrival
- \_\_\_ Organising household items
- \_\_\_\_ Language support/ home tutoring
- \_\_\_\_Babysitting for parent when attending orientation or classes
- \_\_\_ Driving/ transport to appointments
- \_\_\_ Help with shopping
- Community Gardening
- \_\_\_ Social Outings and activities
- \_\_\_\_ Budgeting assistance
- \_\_\_\_ Buddy for youth
- \_\_\_ Men's Support
- \_\_\_ Women's Support
- \_\_\_ Parenting Support
- \_\_\_ Exercise activities, walking or sport club
- Other suggestions

Could you briefly describe your skills and any past work experience?

Have you been a volunteer before?	Yes	No

If Yes, what was your role? \_\_\_\_\_

#### Do you have a current drivers Licence? Yes\_\_\_ No\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

#### Can you indicate with a tick the days and times you would be available?

Are you happy to have a criminal police check? Yes\_\_\_\_ No\_\_\_

Are you happy to attend the voluntary training sessions? Yes\_\_\_\_ No\_\_\_

#### If you have any comments or questions you can write them here?

Thank you for your interest and support. We will back in touch with you soon.

Ngā mihi nui Kathy Harrington-Watt Refugee Settlement Support Team Leader Migrant Support Social Worker Safer Mid Canterbury Cell 027 296 0003