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Sharing Everyday Experiences and Drawing on Skills

Volunteer Application

Thank you for your interest in volunteering with the S.E.E.D.S. Family Wellbeing Program! In the interest of making your volunteer experience as safe and rewarding as possible, we would appreciate you completing the following questionnaire. The information on this application form is confidential to S.E.E.D.S. staff. The purpose of collecting this information is to assess your suitability for the S.E.E.D.S. Program and for making an appropriate volunteer/client match. If you have any questions, please do not hesitate to contact the Program Coordinator.

Please return the completed application form to:

S.E.E.D.S. Family Wellbeing Program Coordinator
Ashburton Safer Community Council
143 Tancred Street, Ashburton
Phone: (03) 308-1395 Cell: 027 311 1227
Email: seeds@saferashburton.org.nz

Applicant's Full name: _____

Any previous name: _____

Address: _____

Phone (home): _____ (work/cell): _____

Current marital status: _____ Date of birth: _____

Number of Children: _____ Male _____ Female _____

Do you have a valid driver's licence? Yes No

Do you own or have access to a car? Yes No

Have you been convicted of a criminal offence in the past seven years, or convicted of an offence not covered by the Clean Slate Act? Yes No

Do you have any pending convictions? Yes No

If yes, please state: _____

(Note: conviction of a crime is not necessarily a restriction to becoming a volunteer. Factors such as age of the offence, type of offence, how long ago the offence was committed and rehabilitation will be taken into account in determining the effect on your suitability as a volunteer. Please answer openly and in as much detail as possible.)

What are your hobbies and interests? _____

Why do you want to become a volunteer with this program? _____

What particular skills, experience or qualifications do you have which may be useful in this role? (e.g. sewing or gardening skills, nursing or parenting experience, childcare qualifications, etc.) _____

What personal attributes do you have which may be useful in this role? (e.g. I am creative, non-judgmental, patient, etc) _____

What personal things do you think might make it difficult for you to work one-on-one with clients?

How do you handle stress? _____

Is there anything else you would like us to know about you? _____

Do you feel that you can meet the minimum commitment of spending at least 1 hour every week with your assigned family for a 12 week period?

(Please circle one)

Yes

No

Comments (e.g. availability, preferred time of day to volunteer): _____

Do you agree to maintain regular contact with staff for supervision purposes for the duration of your involvement with your assigned family?

(Please circle one)

Yes

No

Comments: _____

Declaration: The information contained in this application is true and correct to the best of my knowledge.

Signature of Applicant: _____

Printed Name of Applicant: _____



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Volunteer References

References: 2 are required

Please list the names and contact details of people who can act as referees for you. The people you nominate need to have known you for a minimum of 2 years, had recent contact with you, and be able to vouch for your reputation and character. Nominated referees should include an employer, supervisor or colleague (including volunteer positions), a character reference, and a friend. Nominated people **must not** be related to you (i.e. non family/whanau only). All references are strictly confidential. Please advise the referees that they will be contacted regarding this application. If you have any

questions about this process or unsure of the suitability of your referees, please contact the S.E.E.D.S Family Wellbeing Program Coordinator.

Volunteer's Name: _____

Referee One:

Name: _____

Address: _____

Phone (home): _____ (work): _____

How you know this person (e.g. employer, colleague, friend):

Number of years you have known this person: _____

Referee Two:

Name: _____

Address: _____

Phone (home): _____ (work): _____

How you know this person (e.g. employer, colleague, friend):

Number of years you have known this person: _____