



# Volunteer Application Form

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Thank you for applying to be a volunteer at one of our centres. Please print off and complete this form and send to North Shore Centres of Mutual Aid, PO Box 33 852 Takapuna, North Shore City 0740 or fax to 09 489 8956. Following receipt of your application, we will contact you regarding your interest. Please allow approximately 10 days for a reply.

Preferred Centre . . . . . ( see Centres Web page ) Date. . . . .

All questions are asked solely to assess the suitability of each volunteer to work with senior persons. The content of this form is confidential to North Shore CMA in accordance with the Privacy Act 1993.

Name . . . . .

Address . . . . .

Phone . . . . . Mobile . . . . .

Date of Birth ( optional ). . . . .

Emergency Contact Person . . . . .

Address . . . . .

Phone . . . . .

Please provide a brief summary of any relevant voluntary work experience

. . . . .  
. . . . .  
. . . . .

Are there any courses that you feel might benefit you as a volunteer with North Shore CMA?  
(eg First Aid)

. . . . .  
. . . . .

. . . . . Continue to page 2



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What areas are you interested in helping with? ( tick as many as you like )

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Craft            | <input type="checkbox"/> Mind Games |
| <input type="checkbox"/> Food preparation | <input type="checkbox"/> Music      |
| <input type="checkbox"/> Exercise         | <input type="checkbox"/> Driving    |

Please list other areas of interest . . . . .  
. . . . .  
. . . . .  
. . . . .

How did you hear about North Shore CMA . . . . .  
. . . . .

May we use your image for publicity purposes?  Yes  No

Please provide names and addresses of two people who can give a character reference for you  
( non family only )

1. Name . . . . .  
Address . . . . .  
. . . . . Phone . . . . .

2. Name . . . . .  
Address . . . . .  
. . . . . Phone . . . . .