

Volunteering

Why do you want to volunteer for the SPCA New Lynn Office?

What do you hope/expect to get out of it?

Please indicate your areas of interest:

Administration	<input type="checkbox"/>	Human Resources	<input type="checkbox"/>	SPCA Centre Support	<input type="checkbox"/>
Education	<input type="checkbox"/>	Inspectorate	<input type="checkbox"/>	Training	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	Marketing	<input type="checkbox"/>		

What days/hours are you available to volunteer?

Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
Hours:	Hours:	Hours:	Hours:	Hours:

Are you happy for us to contact when emergency cover is required? Yes No

Health & Safety Information

The Health and Safety in Employment Act requires an employer to identify hazards and provide a safe place to work. A person's medical or physical state may pose a hazard for that person and/or other staff. This questionnaire is for the purpose of providing us with an understanding of your medical background. *If you feel uncomfortable about answering any of the questions or if you have a query about the relevance, please discuss it with us.*

Have you ever had any injury that prevented you from working for more than one week or required more than one week of medical treatment? Yes No

Have you had any illness or disease that prevented you from working for more than two weeks or that required more than one week of medical treatment? Yes No

Do you have any physical or psychological conditions which may affect your work performance or regular attendance or which may be aggravated by the job you are seeking? Yes No

Please comment on any questions to which you have answered "Yes":

Thank you for your interest in volunteering for SPCA New Lynn Office.

Please send completed application form via email to info@spca.nz