

The completion of this form does not indicate that there is any obligation of the SPCA to engage with the applicant. The information remains confidential to my local SPCA although it may be forwarded to relevant staff depending on which volunteer duties you are interested in.

Personal Information

Family Name: _____ Date of Birth : ____ / ____ / ____
 First Name (s): _____ Are you 16 years old or over? Yes No
 Address: _____ Phone: (Hme) _____
 _____ (Wrk) _____
 Email: _____ (Mob) _____

Emergency Contact

Name: _____ Relationship: _____
 Address: _____ Phone: (Hme) _____
 _____ (Wrk) _____
 _____ (Mob) _____

General

Have you (where could be seen relevant to the job for which you have applied) any criminal offence convictions of charge hearings pending? Yes No

Have you ever had an animal welfare complaint made against you? Yes No

If yes to either of the above, please give details:-

Do you have a friend, spouse, partner, relative or household member working/volunteering here or elsewhere in the animal welfare industry? Yes No

If yes, who and where? _____

Note: Waikato SPCA abides by the provisions of the Privacy Act 1993 in its dealings with volunteers. Information on this form will not be used in a way that you would not reasonably expect, nor disclosed to a third party without your consent.

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 of the following:

| | | | | | |
|--|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|
| Back or neck pain or strain | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Hearing problems | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Eyesight problems | Yes <input type="checkbox"/> | No <input type="checkbox"/> | RSI or overuse syndrome | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Heart problems of any kind | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Allergy (animals) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Joint or cartilage problems | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Allergy (dust/chemicals) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Skin rashes or dermatitis | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Stress related conditions | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Fear of animals | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Epilepsy or fits | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Fear of enclosed spaces | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Colour Blindness | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Any other condition of which your employer should be made aware? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

Are you pregnant or planning to get pregnant whilst volunteering at the SPCA (this question relates to diseases such as toxoplasmosis that may affect foetuses) Yes No

Are you on any medication that we should be aware of that may impair your ability to work safely? (if yes please provide details) 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 position you are seeking? Yes No

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

Education, skills and experience

Please give details of any current animal related study you are undertaking including name of course and if there is a requirement in the course to undertake SPCA work experience, and how much?

Other qualifications/certificates or courses that may be relevant to volunteering at the SPCA

Please describe the skills or experience you have which may be relevant to volunteering at the SPCA (eg animal owner, obedience competitor, groomer etc.)

Employment /Occupation

Are you currently employed Yes No

If yes, please give details _____

Have you ever worked for this SPCA or an associated animal welfare organisation before? Yes No

If yes, where and when? _____

Please give details of any other position you have held that may be relevant _____

Volunteering

Why do you want to volunteer for the SPCA? _____

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

Volunteering options

Please indicate your preference:

| | | | | | |
|----------------------------|--------------------------|-------------|--------------------------|-----------------------------|--------------------------|
| Working with dogs | <input type="checkbox"/> | Fundraising | <input type="checkbox"/> | General cleaning | <input type="checkbox"/> |
| Working with cats | <input type="checkbox"/> | Dog Walking | <input type="checkbox"/> | Odd jobs/ground maintenance | <input type="checkbox"/> |
| Working with small animals | <input type="checkbox"/> | Education | <input type="checkbox"/> | Op Shop | <input type="checkbox"/> |

What days are you available to volunteer?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Morning 8.30 to 11.30 Afternoon 2.30 to 4.30

(Shifts may be different for the Op Shop)

Are you prepared to commit to training and a minimum of 6 months in your volunteer role? Yes No

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

Declaration

I _____ declare that:

- a) The information provided in this application (and in any other material supplied) is, to the best of my knowledge, correct.
- b) I understand that if any false information is given or material facts suppressed, I may not be accepted or, if I am employed, my employment may be terminated.
- c) I have completed this application form myself.
- d) I agree that I am over 16 years of age and am capable of performing the tasks required of me and taking guidance from staff.

Applicant's Signature: _____

Date: ____/____/____