**VOLUNTEER APPLICATION FORM**

Thank you for considering volunteering with us at Nelson Women’s Centre. The information in this form is being collected for the purpose of better managing our volunteers and assisting you to assist us. Only people in the organisation with a legitimate reason will have access to this information.

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| **Name:**  | **Date of Birth:**  |
| **Day phone/ mobile:**  | **Email Address:**  |

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| I am interested in the following activities: (check all that apply)[ ]  **Day Volunteer** (about 2 hours per week)[ ] Op Shop (organizing, sorting, visual merchandise) [ ]  Hospitality (welcome visitors and clients, drop-in space) [ ]  Gardening (weeding, mowing, weed whacking, trimming plants). [ ]  Cleaning (general up-keep of the space inside and out)[ ]  **Governance Member** (about 4-6 hours per month)[ ]  **Counsellor** (on student placements or experienced)[ ]  **Working Bees/ One-offs**[ ] Fundraisers (e.g., Sausage sizzles, sales, movie showings etc) [ ]  Garden [ ]  Painting [ ]  Cleaning/ tidy-up crew [ ]  Others – please specify: [ ]  **Workshop Tutor** Topic/s:  |

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| **What days and times can you commit to?****Note: some working bees and fundraisers may be on weekends** |
| **What experience and skills could you share with others?****What volunteer roles have you previously undertaken, if any?** |
| **Why are you interested in volunteering at the Nelson Women’s Centre?** |
| **Where did you hear about this opportunity? (Check all that apply)** [ ]  Facebook/ social media[ ]  News article[ ]  Volunteer Expo[ ]  Word of mouth/ member[ ]  Website  |
| **Do you have any health conditions that would affect your role as a volunteer? Is there anything we need to do to assist you?** |
| **Emergency Contact****Name: Phone:** **Address:** **Relationship to you:**  |
| **Referees**Please provide the names and contact details of two professional referees.**1st Referee 2nd Referee****Name: Name:** **Email address: Email Address:** **Phone number: Phone number:** **Relationship: Relationship:** **Years known to you: Years known to you:**  |

Please be advised that applicants are subject to a police vet.

Please confirm if you would be happy to participate in a police check [ ]  YES / [ ]  NO

Signature: Date:

Email the application form to **office@nelsonwc.org.nz** or drop it off at the centre.