

Volunteer Application Form

17 years of age and over



2017 National Summer Games

Date: / /

1 PERSONAL DETAILS (Please Show Full Legal Name)

<hr/>			Date of Birth / / day month year
First Name	Middle Name (s)	Last name	
Preferred name (if different to the above): _____			Female <input type="checkbox"/> Male <input type="checkbox"/>

Address: _____

Post Code: _____

Contacts Details:	Telephone Home: _____	Mobile: _____	Fax: _____
	Telephone Work: _____	Email: _____	

I prefer to be contacted by: Email Telephone Mobile

Please tick this box if you would like to receive *Fanletter*, our monthly electronic newsletter (email address required in contact details above)

Ethnicity: New Zealand European New Zealand Maori Pacific Islander Asian European African

Other: _____ Language(s) spoken: _____

2 PERSON TO CONTACT IN CASE OF EMERGENCY

Name	Relationship to you:	
Address		

Telephone: Home	Work	Mobile

3 PARENT / CAREGIVER DETAILS (Only to be completed where Volunteer is under the age of 17)

Name	Relationship to you:		
Address (if different from above)			

Post Code: _____			
Telephone: Home	Work	Mobile	E-mail: _____

4 STUDENT PRACTICUM (Only to be completed where Volunteer is on Student Practicum Placement)

Area(s) of involvement:	Sports and /or coaching <input type="checkbox"/>	Events <input type="checkbox"/>	Projects <input type="checkbox"/>
Practicum Activity/Project:			

Tertiary Institution Attended:	Start Date / /	End Date / /	
Practicum Supervisor:			

5 PREFERRED TASKS

Area of involvement: Sports Administration Events Projects Awards Ceremonies

If you indicated that you would like to be involved in Sport above, which Sport would you prefer?

Athletics Basketball Bocce Equestrian Indoor Bowls Swimming Football Golf
Table Tennis Ten Pin Bowling Powerlifting

What role / tasks would you like to have: e.g. preferred sport(s)

Day(s) available: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Time(s) available: All day Between the hours of _____ & _____.

Are you currently: Employed Full Time Employed Part Time Student Retired
Unemployed Volunteering With Another Organisation

Skills / experience / qualifications / courses attended that could be of assistance?

Details:

Do you have any experience with children or adults with an intellectual disability?

Family Employment Volunteering

Details:

6 PERSONAL REFEREES

Please list a friend or NON-family referee (you have known for two years or more), who may be contacted by your local Special Olympics club to provide a character reference. Please notify your referee they may be contacted.

Referee :

Name:

Relationship to You:

Telephone:

Email:

7 HEALTH ALERTS

Current Medical Condition(s)/ Medication: Asthma Blood Pressure Diabetes Epilepsy Heart Condition Other

Details and Action Needed in Case of an Emergency:

Known Allergies and Medication: Insect Rubber/Latex Drug Food Other

Details and Action Needed if an Allergic Reaction Occurs:

Special Dietary Requirements:

Doctor/Medical Practice:

Name:

Telephone:

Address:

National Health Index Number (N.H.I)

Medic Alert No.: _____

8 2017 NATIONAL SUMMER GAMES LEGACY

Please tick this box if you would like to be contacted after this event, to look at assisting a local Special Olympics club in your area

Waiver

I understand and agree that:

- The information that I provide may be verified and I give permission to Special Olympics New Zealand (hereafter referred to as SONZ) to make enquiries to determine my suitability to act as a volunteer;
- I confirm that the information I have given in this volunteer application form is true and accurate;
- In the course of volunteering for SONZ I may be dealing with confidential information and I agree to keep such information in the strictest of confidence;
- I consent to SONZ collecting, retaining, using and disclosing personal and medical information about me for the purpose of involving me in and running the Special Olympics programme. I acknowledge my right to access and amend this information. This is given in accordance with the Privacy Act 1993;
- I give Special Olympics my permission to use my photograph, video, name and voice or words to promote Special Olympics;
- If I need emergency medical care while I am participating in Special Olympics activities I give permission to Special Olympics to do whatever may be necessary to protect my health and well-being, which may include emergency medical care and hospitalisation. (If you have religious objections to receiving such emergency medical treatment, please cross out this paragraph, initial it and sign);
- I consent to Special Olympics New Zealand forwarding my completed Request and Consent form to the New Zealand Police for vetting.

Code of Conduct

I agree that while serving as a Special Olympics New Zealand volunteer I will:

- Provide for the general welfare, health and safety of all Special Olympics athletes, unified partners and volunteers;
- Dress and act in an appropriate manner at all times;
- Follow the established rules and guidelines of Special Olympics New Zealand and Special Olympics International;
- Report any emergency or any situation likely to cause harm to any individual or property. Reports of this nature will be given to the Special Olympics volunteer in charge, a Special Olympics New Zealand staff member who may be present, or to the Chief Executive Officer of Special Olympics New Zealand after taking any immediate action to ensure the health and safety of others;
- Refrain from the use of alcohol, tobacco and illegal substances while involved in any Special Olympics event, competition or training;
- Act with consideration and good judgment in all interpersonal relationships, and with regard to the Special Olympics Dating Policy;
- Fulfil the responsibilities of my volunteer role;
- Provide quality service to the athletes;
- Treat everyone involved with courtesy and respect, and make Special Olympics a friendly, positive and fun environment ensuring a positive experience is had by all;
- Act in a responsible manner, set a good example for athletes, be an ambassador for Special Olympics in the wider community;
- Be a responsible guardian of any confidential information I may have about others including athletes, unified partners and volunteers;
- Respect others right to privacy;
- Address any concerns or complaints to the Special Olympics volunteer in charge, a Special Olympics New Zealand staff member who may be present, or to the Chief Executive Officer of Special Olympics New Zealand;
- Respect the physical integrity of athletes and unified partners. This should not preclude any normal spontaneous expressions of warmth or celebration but expressions must be acceptable to all parties;
- Not use my volunteer role to promote personal beliefs if these are incompatible with Special Olympics principles;
- Recognise that harassment, bullying and discrimination is unacceptable;
- Abide by Special Olympics New Zealand policies as they relate to Volunteers.

Please tick this box to confirm you have read and understand the Waiver and Code of Conduct

Volunteer

Parent/Guardian (must sign if volunteer is under 17yrs)

Name:

Name:

Signed:

Signed:

Dated:

Dated:

FOR OFFICIAL USE ONLY

NZ Police Request and Consent form completed, correct and attached
or

Yes/No

Existing Employment Clean Slate Police Check Results attached

Yes/No (must be less than 6 months old)

SONZ Staff Member Name: _____

Date: _____