VOLUNTEER

APPLICATION FORM

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| Date of Application |  | I.D. Photo |
| First Name |  | *(please attach photo here)* |
| Last Name |  |
| Residential Address |  |
| Email Address |  |
| Mobile Phone Number |  |
| Other Phone Numbers |  |
| Date of first COVID-19 vaccination  Date of second COVID-19 vaccination  Date of booster (if applicable)  Anxiety NZ has a cat and dog on site at the St Lukes, Auckland Clinic regularly. Is this ok for you? | Yes / No / Not Applicable |  |

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| Q: Are you currently working or studying, if so what type of work / study?  A: |
| Q: How did you hear about Anxiety New Zealand Trust?  A: |
| Q: What interests you about becoming a Volunteer? (why did you choose our Charitable Trust in particular?)  A:  Q: What type of volunteering are you looking for? (examples: in the clinic assisting our team with admin / writing online content / blogs / social media / community education / research / fundraising). If you’re not sure or open to ideas, then let us know.  \**If you are wanting to join the 0800 Anxiety Helpline you will need Level 3 or Higher Mental Health qualification or above, lived-experience, an interview and reference checks. Helpline Workers can work fully remotely from any region in Aotearoa. To apply to the Helpline please email your application to* [*helpline@anxiety.org.nz*](mailto:helpline@anxiety.org.nz)  A: |
| Q: What personal or professional attributes/skills/qualifications do you possess that would be an advantage in this voluntary position?  A:  Q: What areas would you like to develop?  A: |
| Q: Are there any factors or issues that may adversely affect your work or ability to work as a Volunteer?  A:  Q: Are there any particular resources that you would need support with and that we can help wish as a Volunteer?  A: |
| Q: We are open a range of days, evenings and weekends. Please see our website for more information. What hours / days would you like to work? Are there any regular shifts that you will be unable to work?  A: |
| Q: Do you know any other volunteers at the Trust?  A:  Q: Have you been a client of, or know clients of the Trust (past or present)? Please note this does not affect your application however it helps us to ensure confidentiality going forward. Please don’t include the name of the person on this form.  A: |
| Q: Is there anything else you would like to add?  A: |

*Thank you for your interest in joining our team of volunteers!*