

Volunteer role: Street Appeal 2014
Manager: Gillian Whitley



Contact details:
Address 591 Dominion Road, Auckland 1041
Postal Address PO Box 96262, Balmoral, Auckland 1342
Freephone 0800 862 873
Office 09 630 2818

Registered Charity Number CC37638

APPLICATION FORM
Please complete all sections, sign the declaration at the end, and return it directly to the volunteers' manager.

CONFIDENTIAL

Personal details

Last name	First name
Address	Preferred name
Postal Address (if different)	
Tel (day)	Tel (eve)
Email	Mobile

Availability for Tuesday 30th July 2013

Location:	Timing:
CBD Auckland <input type="checkbox"/>	9:00 AM – 12:00 PM <input type="checkbox"/>
Kingsland <input type="checkbox"/>	10:00 AM – 1:00 PM <input type="checkbox"/>
Mt. Eden <input type="checkbox"/>	12:00 PM- 3:00 PM <input type="checkbox"/>
Mt. Roskill <input type="checkbox"/>	1:00 PM – 4:00 PM <input type="checkbox"/>

I am volunteering:

- As a Leprosy Mission Supporter
- From Volunteer Auckland
- Through my Church (My Church is _____)
- Through Auckland Council
- Through the Ethnic Community

Criminal Convictions

Do you have any convictions or charges pending, with the exception of those protected by the Criminal Records (Clean Slate) Act 2004? Please give details. A conviction will not necessarily exclude you from becoming a volunteer.

References (For new volunteers)

Please give details of two people whom we may contact for references. One of these must know you through work, study or church. Relatives may not be used as referees.

1. Name	2. Name
Address	Address
Tel/ Email	Tel/ Email
Relationship to you	Relationship to you

Declaration

I confirm that the information on this form and any attachments is, to the best of my knowledge, correct and complete.

Signature		Date	
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