

## **Volunteer Application Form**

First Name(s)	Last name		
Address			
Telephone: Home	Work	Mobile	
E-mail address			
Date of birth:			
What is the best way to communicate with you?			
EMERGENCY CONTACT DETAILS			
Next of kin or other person to be notified in case of an emergency			
Name			
Telephone: Home	Work	Mobile	
Address:			
What is your current employment status	? E.g. full-time, part tim	e, unemployed, retired	
What are your skills and previous work e	vnerience? (naid and vol	untary)	
What are your skills and previous work experience? (paid and voluntary)			
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Why are you interested in Parkinson's NZ?			
How did you hear about our volunteering opportunities?			

How can you help? e.g. Admin, Street Collections, Events, Fundraising, Newsletters,
Presenting, Volunteer coordination, Social Media
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What is your availability for volunteering? Please include preferred days of the week
and preferred times (am, pm, evening)
MEDICAL HISTORY
Do you suffer from any medical, physical or mental condition that could affect your
ability to carry out volunteering for Parkinson's?
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Yes No
If yes, please give details:
BEHAVIOURAL HISTORY
Do you have a police record for any offences or convictions including any pending
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REFEREES		
Please list two referees with contact telephone numbers. (The referees must be someone you have known longer than two years and not a family member).		
Referees will be contacted:		
Name	Phone (home)	
Relationship	Phone (work)	
Name	Phone (home)	
Relationship	Phone (work)	
Signed:	Date:	

## **Thank You For Your Support**

## **Privacy Statement**

The following is the authorised PNZCT Privacy Statement.

To be able to deliver its services, PNZCT collects personal information including your:

- name
- contact information
- notes on interactions between us
- billing or purchase information
- donation history

We collect your personal information in order:

- to provide you with our products or services
- to add you to our national and regional newsletter mailing lists to enable us to communicate information about our activities and events.
- to undertake customer service activities, such as responding to any queries, comments or complaints;
- to allow our regional committees to communicate with you about local activities and events;
- to administer Website services, including processing any searches or requests for information about our products or services;
- to maintain and develop our business systems, including testing and upgrading them;
- to enable us to monitor, review and improve our products and services and communicate about them;
- for our administrative purposes and for internal record keeping;
- · to comply with relevant laws and regulations; and
- for any other specific purpose which we notify you of at the time your personal information is collected.

From time to time, we may also contact you for research purposes or to provide you with information about new products or services or special offers and promotions. This may include information about our programmes, research funding, special events, donor and fund-raising programmes.

Besides our staff, we share contact information with:

our regional committee in your locality in order to allow them to communicate with you about local
activities and events.

We keep your information safe by storing it in a combination of secure computer and network storage facilities and paper-based files and other records. Only authorised staff can access the information.

Only your contact information will be shared with your specific regional committee.

You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you'd like to ask for a copy of your information, or to have it corrected, please contact our Privacy Officer on <a href="mailto:privacy@parkinsons.org.nz">privacy@parkinsons.org.nz</a> or 0800 473 4636, or PO Box 11 067, Manners Street, Wellington 6142.