

Appendix O – Additional Information

Volunteer's Additional Information

For internal use only

| | | | |
|-------------------------------------|---|---|--|
| Volunteer name: | | | |
| Current address: | | | |
| Emergency contacts: | Name: Relationship: Home phone Work phone: Email: | Name: Relationship: Home phone: Work phone Email: | |
| Medical or health conditions: | | | |
| Date application form received: | | Birthday: | |
| Interview date: | | | |
| Induction date: | | | |
| Why do they want to be a volunteer? | | | |
| Roles / Tasks allocated: | | | |

Information for statistical purposes

| Age group | Employment situation | Ethnic identity | Gender |
|---|---|--|---|
| <input type="checkbox"/> Under 20 years <input type="checkbox"/> 20-24 years <input type="checkbox"/> 25-29 years <input type="checkbox"/> 30-39 years <input type="checkbox"/> 40-49 years <input type="checkbox"/> 50-59 years <input type="checkbox"/> 60 years and over | <input type="checkbox"/> Part-time paid employment <input type="checkbox"/> Full-time paid employment <input type="checkbox"/> Retired <input type="checkbox"/> Seeking paid work <input type="checkbox"/> Unpaid labour force <input type="checkbox"/> Registered with WINZ <input type="checkbox"/> Student | <input type="checkbox"/> European <input type="checkbox"/> Māori <input type="checkbox"/> Pacific Peoples (which) _____ <input type="checkbox"/> Asian (which) _____ <input type="checkbox"/> Middle Eastern/Latin American/ African (which) _____ <input type="checkbox"/> Other (please state) _____ <input type="checkbox"/> English is not their first language | Male / Female First-time volunteer? Yes / No |