



# Kiwi Community Assistance

Kiwis working together to reduce  
poverty in our communities

## VOLUNTEER PROFILE

### PERSONAL DETAILS

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Gender: ☐ Female ☐ Male

Residential Address: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of Birth:     /     /

### VOLUNTEER DETAILS

Have you ever been a volunteer before? ☐ No ☐ Yes, *please provide details:*

Personal Interests:

Please indicate areas you are interested in participating in, with Kiwi Community Assistance:

☒ Sorting and making up orders

☐ Picking up donations

Please tell us any special experience or skills you have that may be useful to Kiwi Community Assistance, or any additional information that may help us in matching you to a suitable voluntary position:

Please tell us any limitations that you may have in volunteering with Kiwi Community Assistance:



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Please indicate a time commitment which best suits your expectations:

- ☐ A regular commitment of \_\_\_\_\_ hours per week until \_\_\_\_\_ / ongoing  
☐ A regular commitment of \_\_\_\_\_ hours per month until \_\_\_\_\_ / ongoing  
Other \_\_\_\_\_

Please indicate by circling which shift you are available for. Shifts times/days and indicated below.  
**We require a minimum commitment of 3 months.**

	Monday	Tuesday	Wednesday	Thursday
Morning	9.30-11.30	9.30-11.30	9.30-11.30	9.30-11.30

## EMPLOYMENT DETAILS

Current Employer: \_\_\_\_\_ Length of Service: \_\_\_\_\_  
Role: \_\_\_\_\_  
Previous Employer: \_\_\_\_\_ Length of Service: \_\_\_\_\_  
Role: \_\_\_\_\_

## MEDICAL HISTORY

Do you currently, or have you in the last 5 years, suffered from any medical, physical or mental condition that could affect your ability to carry out voluntary Kiwi Community Assistance tasks?

- ☐ No ☐ Yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_



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## BEHAVIOURAL HISTORY

Have you been found guilty within the last 10 years, or are you currently awaiting proceedings for any criminal offenses (other than for driving)?

☐ No ☐ Yes, please provide details:

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## DRIVING HISTORY

Do you own, or have access to, reliable transportation that would enable you to participate as a volunteer with Kiwi Community Assistance? ☐ No ☐ Yes

Do you have a driver's license? ☐ No ☐ Yes, Restricted ☐ Yes, Full

Does your vehicle hold a current Warrant of Fitness and correct Registration?

☐ No ☐ Yes

Have you been found guilty within the last 5 years, or are you currently awaiting proceedings for any driving related offenses? ☐ No ☐ Yes, please provide details:

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## EMERGENCY CONTACTS

Name of Emergency Contact:

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Contact Details (phone/email):

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## REFERENCES

Please list two character referees from your community and/or employment (excluding family) who we may contact, if required, to discuss your suitability as Kiwi Community Assistance volunteer:

Name:

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Relationship:

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Phone:

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Name:

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Relationship:

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Phone:

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## DECLARATION

*I declare that:*

- *All the information I have provided in this Volunteer Profile is accurate and complete.*
- *I have read and understood the accompanying Volunteer Handbook, explaining the Mission and Vision of Kiwi Community Assistance.*
- *I am willing to work within the Mission, Vision and Code of Conduct of Kiwi Community Assistance.*
- *I consent to a NZ Police Check, on the understanding I may be required to handle money or donated goods for distribution to Kiwi Community Assistance recipients, and represent Kiwi Community Assistance.*
- *I agree to keep all Kiwi Community Assistance information confidential, including documentation, details of recipients, volunteers and sponsors.*
- *I will not contact or solicit recipients, volunteers, sponsors or suppliers outside of my Kiwi Community Assistance duties.*
- *I agree to contact the volunteer co-ordinator in a timely fashion if I am unable to work my rostered hours.*

**DO NOT SIGN UNTIL YOU ATTEND YOUR INTERVIEW.**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*We take your privacy seriously. Kiwi Community Assistance abides by the Privacy Act 1993 in its dealings with volunteers, recipients, supporters and the public. Information on this form will not be used in a way that you would not reasonably expect, nor disclosed to a third party without your consent. We may contact you with information that may be of interest to you. If you prefer not to receive this information, or to access the personal information we keep, please contact us.*

Thanks for your time, once the above form is completed, please scan and email to: **[admin@kca.org.nz](mailto:admin@kca.org.nz)**

Or mail to: Attn: Administrator  
Kiwi Community Assistance  
5 Peterhouse Street  
Tawa  
Wellington 5028



# Kiwi Community Assistance

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This section is to be completed by Kiwi Community Assistance

Comments:

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Action		Date	By Whom
Interviewed:	<input type="checkbox"/>		TRACY W
Application on File:	<input type="checkbox"/>		
Volunteer Database updated	<input type="checkbox"/>		
Volunteer information pack sent:	<input type="checkbox"/>		

KCA Volunteer commenced: \_\_\_\_\_

KCA Role: WAREHOUSE SORTING AND MAKING UP DONATIONS

Notes:

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