



**ARTHRITIS
NEW ZEALAND**

KAIPONAPONA AOTEAROA

*Our Vision: Improving the life of
every person affected by arthritis*

*Ko tō mātou aronga: Kia whakapiki
i te oranga o te hūnga kua pāngia
e te mate kaiponapona*

Volunteer Application Form

Date of Application: _____

Application can be submitted in two ways:

- Drop it off to one of our offices, or post to our National Office in Wellington
- Email it to Tory.Garnham@arthritis.org.nz

Name	
Address	
Home Phone	
Mobile	
Email	
Are you currently employed	
Occupation	

Are there specific areas of our work you would like to volunteer for? (please circle)

Office Administration

Group Activities – Support Group

Fundraising

Client/Peer Support

Advocacy

Adobe / Publisher Designer

Youth Awareness

Arthritis New Zealand

Level 2, 120 Featherston Street
P O Box 10020, The Terrace
Wellington, 6143, New Zealand

Freephone:
Telephone:
Facsimile:

0800 663 463
+64 4 472 1427
+64 4 472 7066

www.arthritis.org.nz
info@arthritis.org.nz

Number of hours available to volunteer each week (please circle):

- 1-5
- 5-10
- 10-15

Please list the time frames you are available to volunteer:

Monday	Start		End		Friday	Start		End	
Tuesday	Start		End		Saturday	Start		End	
Wednesday	Start		End		Sunday	Start		End	
Thursday	Start		End						

List any previous or current volunteer experience:

Organisation	Position/Responsibility	Dates of service (MM/YY)	
		From:	To:

Please give the contact details for one referee and contact person in the event of an emergency.

	Referee	Emergency Contact
Name		
Address		
Contact phone number and email address		

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What ethnic group(s) do you belong to? This information is collected for statistical purposes.

Maori (state iwi or hapu)	NZ European	Cook Island Maori
Samoan	Tongan	Nuiean
Chinese	Indian	Asian
Other (please state)		

What do you hope to gain from your volunteer experience with Arthritis New Zealand?

Consent

My signature below certifies that the above information is true and accurate.

It also gives my consent for a Police Check to be undertaken when this is deemed appropriate. I understand that my personal information will be held on the Arthritis New Zealand internal database.

Signature: _____

Date: _____

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