

## APPLICATION FORM

Te Tūao Tāwāhi Volunteer Service Abroad

**APPLICANT'S NAME**

**APPLICATION DATE**

DAY MONTH YEAR

If you are applying for a specific job, it is essential that you read the full assignment description. You can download a copy from the VSA website.

Complete the details below if you are applying for a specific job.

**JOB**

**COUNTRY**

**JOB NUMBER**

## INSTRUCTIONS

If you decide not to complete this form electronically, you can print a copy and handwrite your application.

Answer all questions – enter 'N/A' if the question is not suited to your application.

## CURRICULUM VITAE

We require a CV as part of this application. If you do not have a CV please let us know and we can send you guidelines including a template. If sending additional documents by post, such as references or academic transcripts, please ensure that they are not originals. It is not VSA's policy to return applications, CVs, or original documents.

## SUBMITTING APPLICATION

You may submit this application via:

**Email:** [volunteer@vsa.org.nz](mailto:volunteer@vsa.org.nz)

**Post:** Volunteer Recruitment Unit  
Volunteer Service Abroad  
PO Box 12246  
Wellington 6144  
New Zealand



## 01. NAME

Surname	<input type="text"/>		
Legal first names	<input type="text"/>		
Usual first name	<input type="text"/>		
Previous surname (if applicable)	<input type="text"/>		
Date of birth	<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	DAY	MONTH	YEAR

## 02. ADDRESS

### PRESENT ADDRESS

<input type="text"/>	E-mail	<input type="text"/>
	Phone	<input type="text"/>
	Mobile	<input type="text"/>

### PERMANENT ADDRESS (if different)

<input type="text"/>	E-mail	<input type="text"/>
	Phone	<input type="text"/>

### WORK

<input type="text"/>	E-mail	<input type="text"/>
	Phone	<input type="text"/>

May we (with discretion) telephone and/or e-mail you at work?

YES ☐ NO ☐

## 03. OCCUPATION / PROFESSION

## 04. NATIONALITY

TO QUALIFY FOR VSA, AN APPLICANT MUST BE A NEW ZEALAND CITIZEN OR A PERMANENT RESIDENT WITH RIGHT OF RE-ENTRY. IF YOU ARE UNSURE WHETHER YOU QUALIFY, YOU SHOULD SEEK CLARIFICATION FROM THE NZ IMMIGRATION SERVICE. REFER TO [WWW.IMMIGRATION.GOV.TZ](http://WWW.IMMIGRATION.GOV.TZ)

Country of birth	<input type="text"/>
Country of citizenship	<input type="text"/>
Date of arrival in New Zealand	<input type="text"/>
If not of New Zealand or Australian nationality, do you have New Zealand permanent residence status?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have a valid passport?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Passport expiry date	<input type="text"/>

## 05. NEXT OF KIN

### PERSON THROUGH WHOM YOU CAN ALWAYS BE CONTACTED

Name		Relationship	
Address		Phone	
		Mobile	
		E-mail	

## 06. PERSONAL STATEMENTS

When and how did you first become aware of VSA?

What brought this VSA assignment to your attention resulting in this application?  
E.g, VSA Website, Seek, NZHerald, Education Gazette, personal contact, recruitment talk, etc.

Have you travelled or lived outside New Zealand? Give details.

Have you worked with people of cultures other than your own? Give details.

Have you ever been convicted in a court of law or subject to investigation by the police or a professional association?

YES ☐ NO ☐

If 'yes', please send details in a separate attachment marked 'Legal and Confidential'. This information will not preclude full consideration of your application.

Do you hold a current drivers licence?

YES ☐ NO ☐

## 7. HEALTH

VSA VOLUNTEERS MAY BE REQUIRED TO HAVE A MEDICAL EXAMINATION BEFORE THEIR ASSIGNMENT IS CONFIRMED, DEPENDING ON THE LENGTH OF ASSIGNMENT. YOU SHOULD DISCUSS ANY EXISTING HEALTH ISSUES OR CONCERNS DURING THE SELECTION PROCESS. A DISABILITY OR HEALTH PROBLEM WILL NOT PRECLUDE FULL CONSIDERATION OF YOUR APPLICATION.

Please specify any past or present serious/recurring illness, major surgery, or disability, and give brief details (e.g. heart, respiratory ailments, cancer, back problems, diabetes, epilepsy, allergies, psychiatric or psychological illness etc.)

## 8. ASSIGNMENT

When are you available to begin work with VSA?

What factors affect this?

How long are you available for?

STANDARD LONG TERM VSA ASSIGNMENTS ARE FOR TWO YEARS. SHORT TERM ASSIGNMENTS VARY IN LENGTH BETWEEN TWO WEEKS AND SIX MONTHS.

Are you prepared to work wherever needed?

YES ☐

NO ☐

Are there countries you would prefer? Explain.

Are there countries where you would NOT want to work? Explain.

## 9. ETHNICITY

THE INFORMATION REQUESTED BELOW IS FOR STATISTICAL PURPOSES ONLY AND WILL NOT BE TAKEN INTO ACCOUNT IN ANY ASSESSMENT OF YOUR SUITABILITY TO BE A VSA VOLUNTEER.

Please tick the box that most closely describes the ethnic groups with which you identify most. If you are of mixed descent, you may choose any two boxes that most clearly describe the ethnic group with which you identify.

Pakeha ☐

Maori ☐

European ☐

North American ☐

Asian ☐

African ☐

South American ☐

Other ☐ please specify:

Decline ☐

## 10. FAMILY

### PARTNERS

Short term assignments are usually on a single status basis only, for cost reasons. For standard two year assignments VSA welcomes applications from people who are part of a couple when both, or just one, are applying to be volunteers. All spouses or partners will be required to attend selection interviews. Spouses or partners who wish to accompany the candidate on a VSA assignment will be required to complete a volunteer application form.

Unmarried couples need to be aware that in some countries this may limit the assignments that will be open to them.

Do you have a partner?

YES ☐ NO ☐

If yes, what is your partner's name?

What is their relationship to you?

Do they intend to accompany you on assignment?

YES ☐ NO ☐

If no, will they visit you for a short time while on assignment?

YES ☐ NO ☐

Has your partner sent in an application form?

YES ☐ NO ☐

**IF THEY PLAN TO ACCOMPANY, THEY WILL ALSO NEED TO COMPLETE AN APPLICATION FORM.**

### CHILDREN

VSA DOES NOT USUALLY POST FAMILIES WITH DEPENDANT CHILDREN.

Do you or your partner have dependant children?

YES ☐ NO ☐

If yes, then please complete the details below.

NAME	DATE OF BIRTH
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## 11. ADDITIONAL SKILLS

List any other skills you have (other than those required by your employment), such as computer skills, accounts or bookkeeping, building or other practical maintenance skills, nursing, gardening, motor mechanics, child care, farming, first aid, photography, sewing.

Please list any languages that you speak in addition to English, and indicate your proficiency.

## 12. RELIGIOUS DENOMINATION

What religious denomination are you (if any)?

Are you an active member?

YES ☐ NO ☐

## 13. ADDITIONAL

Is there anything else you think could be of relevance to this application? Please elaborate.

## 14. REFEREES

Please nominate FOUR people, other than close relatives, whom VSA may ask for a reference. At least one should be a recent employer, one should be someone who has worked with you, and two should be people who know you well. Explain why you have nominated them. We often take up references at short notice, so it is best if your referees are people we can get in touch with easily, therefore:

- a) Give full details, including daytime and mobile phone numbers.
- b) Please provide an **email** address for each referee.

NOTE: IF WE SHORTLIST YOU FOR AN INTERVIEW, WE WILL CONTACT YOUR REFEREES STRAIGHT AWAY, VIA EMAIL. WE MAY NOT CONTACT YOU BEFORE DOING SO.

### 1. EMPLOYER

name  position

e-mail

daytime telephone number

mobile phone number

When were you employed/supervised by this person?

### 2. COLLEAGUE (PRESENT OR PREVIOUS)

name  occupation

e-mail

daytime telephone number

mobile phone number

How do they know you?

### 3. FRIEND/COLLEAGUE

name  occupation

e-mail

daytime telephone number

mobile phone number

How do they know you?

#### 4. FRIEND/COLLEAGUE

name  occupation

e-mail

daytime telephone number

mobile phone number

How do they know you?

#### 15. DECLARATION

The statements made in this application form are true and complete to the best of my belief.

Name  Date

#### BEFORE SENDING THIS FORM, PLEASE MAKE SURE THAT YOU HAVE:

- ANSWERED ALL THE QUESTIONS ON THE FORM. ☐
- COMPLETED REFEREE DETAILS INCLUDING EMAIL ADDRESSES ☐
- ATTACHED YOUR CV AND ANY ADDITIONAL INFORMATION YOU REFER TO ☐
- ENTERED YOUR NAME AND THE DATE ☐

#### WHEN COMPLETED, PLEASE RETURN THIS FORM TO:

Email:  
[volunteer@vsa.org.nz](mailto:volunteer@vsa.org.nz)

**OR**

Post:  
**VSA**  
**P O Box 12246**  
**Wellington 6144**  
**New Zealand**

**Contact Details**  
**Physical Address:**  
**32 Waring Taylor Street**  
**Wellington**

Telephone:  
**+64 4 472 5759**  
Fax  
**+64 4 472 5052**

Website: [www.vsa.org.nz](http://www.vsa.org.nz)

#### VOLUNTEER SERVICE ABROAD PRIVACY STATEMENT

The information that you provide on this form is covered by the Privacy Act 1993, and will only be used for recruitment and selection purposes.

The information you give will be held by Volunteer Service Abroad. All information provided will be kept secure.

You have the right of access to personal information and to seek any correction you think necessary to ensure accuracy.

Failure to supply information could limit our ability to assess your suitability as a volunteer.

