



APPLICATION FORM - VOLUNTEER DRIVER SCHEME

The Alexandra Community Advice Network operates a volunteer driver scheme to assist local elderly and disadvantaged people to get to local destinations such as Dunstan Hospital, Medical Centres, Pharmacies, Health Shuttle pick-up points, shops and other appointments where necessary.

Our goal is to provide pre-arranged pick-up and return of clients who do not have easy access to a car or other public transport. Volunteer drivers may be recompensed for fuel costs based on any donations provided by clients of the service.

Please print and fill out the details below if you would like to volunteer to become one of our drivers and either drop it into the Alexandra Community Advice Network or scan and e-mail to alexcan@ach.org.nz A copy of the role description can be found on page 4.

Full name	
Address	
Telephone no.	
Mobile no.	
e-mail address	
Preferred method of contact	
Date of birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

Relevant attributes

Please tick all that apply to you.

<input type="checkbox"/> Over 25 years of age	<input type="checkbox"/> Am confident in driving in winter conditions.
<input type="checkbox"/> Current full driving license held.	<input type="checkbox"/> In possession of a car which has a current WOF and Registration

Police Vetting

We require you to undertake a Police Vetting Check due to the role requiring you to work alongside elderly and/or vulnerable people. A criminal record does not necessarily mean you cannot volunteer.

More information is provided should a check be required, and you are encouraged to call for an informal chat if this is of concern to you.

Do you have any criminal convictions? Y / N

Are you willing to undergo a police vetting check? Y / N

Reference checks:

Please provide names and contact details of two people we can contact to establish your suitability for this role. Ideally one of these people would be a personal contact (non-relative) and one a work one, and if possible one of these people would have known you for more than 12 months.

Name:	Name:
Relationship to you:	Relationship to you:
Daytime tel no.:	Daytime tel no.:
Email:	Email:

In case of Emergency

Please provide the contact details of a close friend or relative for us to contact in case of emergency:

Name:
Relationship:
Contact details:
Mob no.:

Are you happy for the Alexandra Community Advice Network to pass on your name and contact information to third parties for the purposes of volunteer driver work? Eg Age Concern, Medical Centres, other volunteer drivers. Please circle box below.

YES – I am happy for my name and contact information to be passed on.

NO – I would prefer my information to be retained only by the Alexandra Community Advice Network

The Alexandra Community Advice Network undertakes to collect, use and store information provided on this form according to the principles of the Privacy Act 1993.

I understand that my name and details may be used for administrative and funding purposes within the Alexandra Community Advice Network.

I understand that I am under no obligation to volunteer at any point in time but that I will always communicate my availability or otherwise to the Alexandra Community Advice Network volunteers.

I understand that I need to respect confidentiality and privacy of clients and that I will discuss any issues or concerns about the service with the Alexandra Community Advice Network volunteers only.

☐

I do not have any medical conditions that would impair my ability to drive.

I DECLARE THAT THE INFORMATION PROVIDED BY ME IS TRUE AND ACCURATE

Name:

Signature:

Date:

VOLUNTEER DRIVER ROLE DESCRIPTION

About Alexandra Community Advice Network

Located in Alexandra Community House, the Alexandra Community Advice Network is a voluntary organisation set up to provide free, confidential advice to members of the public.

Our services and facilities include:

- Meals On Wheels volunteer driver coordination
- Access to free legal advice
- Access to Justices of the Peace
- Information & Resources
- Government Department Forms
- Advice on how to access Support Services

About the role

With no local taxi service, limited bus services and often a lack of family support, the Alexandra Community Advice Network has stepped up to fill a gap by coordinating a pool of drivers. We are looking for friendly, community minded individuals who can be available during the week to drive service users to destinations within the local community.

Main tasks include:

- Collect, transport and return clients from their homes to their required destination.
- Receive and record a donation from the client to help cover fuel costs.
- To respect confidentiality, privacy, and boundaries with all clients.
- To be reliable, advise of any change of availability and avoid over-committing.
- To maintain and enhance the organisations reputation within the community.
- To report accidents, issues or concerns for anyone involved to the Alexandra Community Advice Network volunteers ASAP.

Time Commitment:

Varies. As much or as little time as you have.

Skills required:

25+ years and willing to undergo a police check.

Volunteers must be able to use their own cars which should be kept clean and tidy, with insurance, WOF and registration. Volunteers should advise their vehicle insurance company that they are utilising the vehicle for this volunteer role

Volunteers should feel comfortable chatting to others, be polite, respect privacy and be willing to receive a donation for the service provided.

Skills gained:

Experience of working in the community sector.

We hope volunteers will gain satisfaction from filling a vital gap in the needs of the Alexandra community whilst meeting new people, chatting to them and hopefully making their journey a little more pleasant.

Section 1: Agency to complete

For more information please see the [Guide to PVS Request & Consent Form](https://www.police.govt.nz/advice-services/businesses-and-organisations/nz-police-vetting-service/forms-and-guides)
(<https://www.police.govt.nz/advice-services/businesses-and-organisations/nz-police-vetting-service/forms-and-guides>)

1.1 Name of agency submitting vetting request

1.2 Name of the person being vetted

1.3 Description of the role of the person being vetted

This is a brief description of the role (not the job title). This is used by Police to help decide what type of vet is conducted if it is unclear from the following questions.

1.4 Which groups will the person being vetted be working with (select all that apply):

☐ Children/ Young People

☐ Vulnerable Adults

1.5 Does the role involve caring for people in the home of the person being vetted?

This is about whether the person being vetted is providing services out of their own home (that is, are vulnerable children or adults visiting the home of the person being vetted for support).

☐ Yes

☐ No

1.6 Is the person being vetted:

☐ A paid worker

☐ A volunteer

☐ Undertaking vocational or educational training

1.7 Is the person being vetted a Children's Worker according to the Children's Act 2014, section 23(1)?

*If the person being vetted is not working with children/ young people (Q 1.4), tick 'No' then skip to question 1.11.
If the person being vetted IS working with children (Q 1.4) AND is a volunteer (Q 1.6), tick 'No' then skip to question 1.9.*

☐ Yes

☐ No (skip to question 1.9)

1.8 Is the role of the person being vetted a core or non-core worker role according to the Children's Act 2014, section 23(1)?

☐ Core worker

☐ Non-core worker

1.9 Has the person being vetted previously been Police vetted by your agency?

☐ Yes

☐ No (skip to question 1.11)

1.10 Is the person being vetted still working in the role for which your agency last obtained a Police vet?

If this request is a renewal of the person's previous vet for this role, please select Yes. Otherwise, answer no.

☐ Yes

☐ No – the person being vetted is applying for a new role or position

1.11 What is the job title of the person being vetted?

1.12 Evidence of identity (to be completed by agency representative or identity referee)

[See consent form guide for details on how to complete this section](#)

☐ A primary ID has been sighted (mandatory)

☐ A secondary ID has been sighted (mandatory)

☐ One form of ID is photographic (mandatory)

☐ Evidence of name change has been sighted (if applicable)

OR: *If your agency is able to accept a verified RealMe identity then:*

☐ An assertion of a RealMe identity has been received (see [consent form guide](#) for further information)

In making this request, I confirm that:

- ✓ I have complied and will comply with the [Approved Agency Agreement](#).
- ✓ I am satisfied as to the identity of the person being vetted.
- ✓ I have obtained the authorisation of the person being vetted to submit this vetting request as set out in section 3 of this form.

Agency Representative:

Name:		Date:	
Signature:		Electronic signature	<input type="checkbox"/>

Section 2: Person being vetted to complete and return to agency

** Denotes a mandatory field*

2.1 Personal Information

Note the name you are most commonly known by is your primary name

* Family name (Primary)	
* First/Middle name(s)	
* Gender	
* Date of birth	
Place of birth (Town/ City/ State)	
* Country of birth	
NZ Driver Licence number	

2.2 Previous names if applicable

Please include other alias or alternate names; married name if not your primary name; previous/ maiden/ name changed by deed poll or statutory declaration. Please include ALL names (first, middle and last) for each alias/previous name.

Family name	First name	Middle names

2.3 Permanent residential address

* Flat/ Number/ Street			
* Suburb		Post Code	
* Town/ City			

Section 3: Person being vetted to complete and return to agency

3.1 Consent to release information

1. The New Zealand Police may release **any** information they hold if relevant to the purpose of this vetting request. This includes:
 - a. Conviction histories and infringement/demerit reports.
 - b. Active investigations, charges and warrants to arrest.
 - c. Charges that did not result in a conviction including those that were acquitted (not guilty), discharged without conviction or withdrawn.
 - d. **Any** interaction I have had with New Zealand Police relevant to the role being vetted, including investigations that did not result in prosecution or were resolved by an alternative resolution programme.
 - e. Information regarding family violence where I was the victim, offender or witness to an incident or offence. This is particularly relevant where the role being vetted for takes place in a home environment where exposure to physical or verbal violence could place vulnerable persons at emotional or physical risk.
 - f. Information subject to name suppression where that information is necessary for the purpose of the vet.
2. If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released **unless**:
 - a. Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime).
 - b. Section 31(3) of the Children's Act 2014 applies to this request (safety checks of core children's workers).
 - c. The vetting request is made for the purpose of an overseas visa/work permit and authorises the vetting report to be provided directly to the relevant embassy, high commission, or consulate.

Please see the [vetting website](#) for more information regarding the Clean Slate legislation and what may be released.

3. The Police Vetting Service may disclose newly obtained relevant information to the requesting agency after the completion of the Police vet in the following circumstances:
 - a. The disclosure of the newly obtained information is justified under the Privacy Act 2020 (if it had existed or been available at the time of the Police vet, it would have been disclosed); and
 - b. The Police Vetting Service has taken steps to confirm that the purpose for the Police vet still exists – e.g., that I am employed or engaged in a role that required a Police vet.

The Police Vetting Service will take reasonable steps to notify you prior to the disclosure.

4. Information provided in this consent form may be used to update New Zealand Police records.
5. I am entitled to a copy of the vetting report released to the agency (to be provided by the agency) and can request a correction of any personal information by contacting the Police Vetting Service.
6. Please notify the agency or the Police Vetting Service if you wish to withdraw your consent.

For further information about the vetting process, please see the [vetting website](#).

Authorisation of person being vetted:

- ✓ I confirm that the information I have provided in this form relates to me and is correct.
- ✓ I have read and understood the information above.
- ✓ I authorise New Zealand Police to disclose any personal information relevant to my application (as described above) to the agency making this request for the purpose of assessing my suitability.

Name:			
Signature:		Date:	
		Electronic signature	<input type="checkbox"/>