

APPLICATION FOR

Alexandra Community Advice Network

Volunteer Driver Service



About the Alexandra Community Advice Network

The Alexandra Community Advice Network (ACAN) is a voluntary, community-based organisation located in the Alexandra Community House. We provide free and confidential advice to members of the public on a range of everyday issues, including access to social services, healthcare, and community support.

In addition to our advisory role, we coordinate two key transport services: **Meals on Wheels Volunteer Drivers** and a **Volunteer Driver Scheme**.

Our mission is to ensure that everyone in the Alexandra community – especially those who are isolated or without support – can stay connected and receive the help they need.

Meals on Wheels Driver Service

Meals on Wheels Volunteer Drivers play a vital role in supporting Dunstan Hospital by delivering nutritious meals to elderly residents throughout the Alexandra community. Their dedication helps ensure that vulnerable members of our community receive not only regular meals but also friendly check-ins, promoting both physical well-being and social connection.

Volunteer Driver Scheme

The Volunteer Driver Scheme provides a service 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 office or scan and e-mail to office.acan@ach.org.nz. A copy of the role descriptions can be found on page 4 and 5.

Full name	
Address	
Landline No.	
Mobile No.	
e-mail Address	
Preferred method of contact	

Please specify which Service you wish to apply for (one or both):

☐ Meals on Wheels
 ☐ Volunteer Driver Scheme
 ☐ Both Positions

Relevant Attributes

Please tick all that apply to you.

☐ Over 25 years of age
 ☐ Am confident in driving in winter conditions
☐ Current full driving license held
 ☐ In possession of a car which has a current WOF and Registration

Police Vetting

It is necessary for 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.

If you have concerns you are encouraged to call the Alexandra Community Advice Network office for an informal chat.

Please circle Yes or No below.

Do you have any criminal convictions? YES / NO
 Are you willing to undergo a Police Vetting check? YES / NO

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 a work related one, and if possible both of these people would have known you for more than 12 months.

Name:	Name:
Relationship to you:	Relationship to you:
Daytime Phone No.:	Daytime Phone 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:
Mobile No.:

Are you happy for Alexandra Community Advice Network to pass on your name and contact information to third parties for the purposes of Volunteer Driver work? e.g. Age Concern, Medical Centres, other Volunteer Drivers. Please circle Yes or No 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 Alexandra Community Advice Network

Alexandra Community Advice Network undertakes to collect, use and store information provided on this form according to the principles of the Privacy Act 2020.

I understand that my name and details may be used for administrative and funding purposes within 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 only discuss any issues or concerns about the service with the Alexandra Community Advice Network volunteers.

☐

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: _____

Meals on Wheels Volunteer Driver – Role Description

Hours: Approximately 1.5 hours per shift (11:30 am – 1:00 pm), minimum one shift per month (flexible scheduling)

Purpose of the Role

To support the Alexandra Community by delivering hot meals and providing a friendly check-in to elderly or vulnerable residents as part of the Meals on Wheels service in partnership with Dunstan Hospital.

Key Responsibilities

- Collect meals from the Community House pick-up point using your own vehicle
- Deliver meals to clients in their homes following the delivery schedule
- Provide a friendly greeting and brief social interaction at each stop
- Maintain client confidentiality and report any concerns back to Alexandra Community Advice Network
- Return delivery chilli bins back to the designated pick-up point at Community House
- Commit to at least one shift per month, with flexibility around scheduling

Skills & Attributes Required

- Warm, friendly, and respectful manner
- Good communication and interpersonal skills
- Reliable and punctual
- Ability to work independently and follow a delivery route
- Understanding of and commitment to confidentiality and safety protocols

Requirements

- Full, valid driver's licence
- Own reliable vehicle
- Willingness to undergo a Police check
- Mobile phone (helpful for contact during shifts)

What You'll Gain

- The opportunity to make a meaningful impact in your local community
- A sense of purpose and connection
- Experience in a community service role
- Support from a friendly team of coordinators and fellow volunteers

Agree to receive Roster by email: YES / NO

Add to Emergency Roster? YES / NO

Days of the week not available _____

Days of the week preferred _____

Volunteer Driver Scheme – Role Description

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 Volunteer 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

- Regularly check your emails to keep up to date with VDS requests sent out.
- 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 up to date 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, and respect privacy.

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>)

This form refers to the [Policing \(Police Vetting\) Amendment Bill](#) ("Vetting Bill"), which is expected to amend the Policing Act 2008

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?

This is the title of the job they are being vetted for.

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

[See the 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 the [consent form guide](#) for further information)

In making this request, I confirm that:

- ✓ I have complied and will comply with the [Approved Agency Agreement](#) and the [Vetting Bill](#).
- ✓ 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 2.4 of this form.
- ✓ For vetting requests on individuals aged 14 or 15, I have obtained the authorisation of a parent or guardian.

Agency Representative:

Full name:

Date: (dd/mm/yyyy)

Signature:

Electronic signature: *

☐

* If applicable, ticking this box constitutes an electronic signature and your consent for its use in this form.

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

This form refers to the [Policing \(Police Vetting\) Amendment Bill](#) (“Vetting Bill”), which is expected to amend the Policing Act 2008

The purpose of this form is to allow the New Zealand Police Vetting Service to confirm who you are using Police records, carry out a Police vet, and obtain your consent to share any relevant information with the agency that requested the vet.

What you are consenting to. You are agreeing that the Police Vetting Service can share relevant information they hold about you (if any) with the requesting agency. This information will be used to help the agency decide whether you are suitable for the role they are considering you for or that you are engaged in.

The information that may be shared is outlined in *section 2.4* of this form. For further details, you should refer to the [Vetting Bill](#) or visit the [Police vetting website](#).

Who collects your consent. The agency requesting the Police vet will collect your signed consent.

The law that applies. Your consent is required by law. We are asking for your consent under the [Vetting Bill](#).

Your rights under the Privacy Act 2020 include: you may request a copy of the Police vet report provided to the agency by contacting the agency. You can withdraw your consent to a Police vet at any time before the vetting process is complete by contacting the agency. The agency may keep the Police vet only for as long as required for vetting purposes.

You may request correction of your personal information at any time at [police.govt.nz -> requesting information](https://police.govt.nz/requesting-information).

How long the information is valid for. The information in the Police vet is correct only at the time it is shared. It is up to the agency to decide how often they ask for updated vetting.

2.1 Personal information

* Mandatory field

Family/ last name *
(that you are most commonly known by)

Given/ first and middle name(s) *

Gender *

Date of birth * (dd/mm/yyyy)
(must be 14 years of age or over)

Place of birth (Town/ City/ State)

Country of birth *

NZ Driver Licence number

Name of parent or guardian
(if person being vetted is 14 or 15 years old *)

2.2 Other names

Please include all other names you are or have been known by. Including, but not limited to: previous legal names (eg. maiden names, or due to divorce or adoption), aliases used, name changes by deed poll. Include ALL names - first, middle and last.

Family name

First name

Middle names

Continued on following page...

2.3 Permanent residential address

* Mandatory field

Flat/ number - and street name *			
Suburb		Post Code	
Town/ City *			

2.4 Your consent to share information

1. **A Police vet will include the following information, if held by New Zealand Police.** Please refer to the [Police vetting website](#) for more information regarding the [Clean Slate Scheme](#), what may be released, and the vetting process.

Either:

- a. A result indicating that no information is held or relevant to the purpose of the vetting request,

Or, one or both of:

- b. The vetting subject's criminal record (if any), unless the Clean Slate Scheme applies.
c. A summary of other information that is readily retrievable, relevant to the purpose of the vetting request, and deemed accurate.

This may include pending charges, charges without conviction, youth court charges, infringement offences, demerit points, arrest warrants, involvement in family violence, overseas convictions, police investigations without charges, interactions with Police, and other information held by Police.

Information may also be released where it is subject to a suppression order or statutory prohibition, involves offences by individuals under 18, or relates to mental health or substance abuse issues.

2. If you are vetted as a Children's Worker, and you continue to hold that role, the Police Vetting Service may release any newly obtained relevant information to the requesting agency at any time.

The Police Vetting Service will take reasonable steps to:

- a. confirm that the purpose of the Police vet remains valid – for example, that you are still employed or engaged as a Children's Worker, and
b. notify you before any information is disclosed.

3. Information provided in this consent form may be used to update New Zealand Police records.

Authorisation of person being vetted:

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

Full name:		Date: (dd/mm/yyyy)	
Signature:		Electronic signature: *	<input type="checkbox"/>

If you are 14 or 15 years of age (as at the date of the application) please provide consent from a parent or guardian.

Parent/Guardian's full name:		Date: (dd/mm/yyyy)	
Parent/Guardian's signature:		Electronic signature: *	<input type="checkbox"/>

* If applicable, ticking this box constitutes an electronic signature and your consent for its use in this form.