## **MOTAT** VOLUNTEER APPLICATION FORM



## **Full Name:**

## **Date of Application:**

The information provided is for the purpose of assessing your suitability for volunteer engagement at the Museum of Transport and Technology (MOTAT).

The information provided throughout the application process will be treated as confidential to MOTAT and will only be utilised for the purposes for which it has been collected. Information provided from unsuccessful applicants shall be retained by the Museum for a period of 12 months, after which time it will be confidentially destroyed. The information will be kept in the People & Performance office. All information provided will be held in accordance with the Privacy Act 2020 and any subsequent Amendments to the Act.

The completion of this form does not indicate that there is any obligation on MOTAT to engage the applicant.

## Completed application forms can be emailed to volunteer@motat.org.nz - please attach your Resume as well

|  | Person                  | al Information            | 1                               |
|--|-------------------------|---------------------------|---------------------------------|
| Email  |                         |                           |                                 |
| Address  |                         |                           |                                 |
| Postcode   |                         |                           |                                 |
| Telephone Number   |                         |                           |                                 |
| Mobile Number  |                         |                           |                                 |
| Are you 18 years or older?   | Yes □                   | No □                      |                                 |
| Birth Date (Optional)  |                         |                           |                                 |
| Are you here on a Visa? If so please let us know what kind:                |                         |                           |                                 |
|  | Volunt                  | eering Options            | 5                               |
| Availability   | Weekly □                | Fortnightly               | Monthly □                       |
| Days Available   | Monday □<br>Saturday □  | Tuesday □<br>Sunday □     | Wednesday □ Thursday □ Friday □ |
| Hours Preference   | Morning □<br>Full Day □ | Afternoon □<br>Half Day □ | Evening (Tuesday ONLY)          |
| Are you prepared to commit to a minimum of 12 months as a MOTAT Volunteer? | Yes 🗆                   | No □                      |                                 |

|  |          | Volunteering Are        | as    |             |   |                 |
|--|----------|-------------------------|-------|-------------|---|-----------------|
| Please indicate which area(s) of MOTA  | AT you v | vould like to be involv | ed ir | n:          |   |                 |
| Aviation   |          | Team Member             |       | Engineer    |   |                 |
| Military   |          | Team Member             |       | Operator    |   |                 |
| Print Shop   |          | Trainees                |       | Operator    |   |                 |
| Railway  |          | Team Member             |       | Operator    |   |                 |
| Steam  |          |                         |       | Operator    |   |                 |
| Road Transport   |          | Team Member             |       | Mechanic    |   | Vehicle Cleaner |
| Tramway  |          | Team Member             |       | Tram Driver | _ | vernore creamer |
| away   | _        | ream wember             |       | Conductor   |   |                 |
| Other  |          | Gardener                |       |             |   |                 |
|  |          | Visitor Service Host    |       |             |   |                 |
|  |          | Aviation Hall Host      |       |             |   |                 |
|  |          | I am Unsure             |       |             |   |                 |
|  |          | Other (Please Specif    | y:    |             |   | )               |
|  |          | ` '                     |       |             |   |                 |
|  |          | <b>Driving Roles</b>    |       |             |   |                 |
| Do you have a current driving license?   | Yes □    | No □                    |       |             |   |                 |
| If yes, what class?  |          |                         |       |             |   |                 |
| Do you have any demerit points or endorsements?  |          |                         |       |             |   |                 |
| License Number   |          |                         |       |             |   |                 |
|  | Relev    | ant Skills and Exp      | erie  | nce         |   |                 |
| Describe the skills and experience you have that may be relevant to volunteering at MOTAT.           |          |                         |       |             |   |                 |
| Outline the licenses, qualifications, or certificates that may be relevant to volunteering at MOTAT. |          |                         |       |             |   |                 |
| Please give details of any study you are currently undertaking.                                      |          |                         |       |             |   |                 |

| General   |   |  |                      |                |                           |  |
|---|---|--|----------------------|----------------|---------------------------|--|
| Have you ever worked at MOTAT or another Museum in the past?  If yes, please provide details.   |   |  |                      |                |                           |  |
|   |   |  |                      |                |                           |  |
| Do you have a current First Aid certificate?  | Yes 🗆   | No □                                       |                      |                |                           |  |
|   | Expiry Date:  | / /  |                      |                |                           |  |
| Have you ever been convicted of a criminal offence?   |   |  |                      |                |                           |  |
| Do you have, or have you had, any injury or medical conditions that may prevent or impede you from carrying out your responsibilities as MOTAT Volunteer? |   |  |                      |                |                           |  |
| Please list any current MOTAT team members you may know (please note we may contact this person/s in relation to this application):                       |   |  |                      |                |                           |  |
| Is there anything else you think we should know before reviewing your application?  |   |  |                      |                |                           |  |
| Ref   | erees – Plea  | se provide                                 | tw                   | /C             | refe                      | erees.   |
| Name  |   |  |                      |                |                           |  |
| Relationship to You   |   |  |                      |                |                           |  |
| Email   |   |  |                      |                |                           |  |
| Telephone Number  |   |  |                      |                |                           |  |
| me from the referees listed above an purposes of ascertaining my suitabilit I understand that the information recevaluative material and will not be dis  | d authorise the<br>y to undertake<br>eived by the M | e informatio<br>volunteer v<br>luseum of T | n so<br>vork<br>rans | u<br>c a<br>sp | ght to<br>at the<br>ort & | nformation on a confidential basis about be released by them to MOTAT for the Museum.  Technology is supplied in confidence as |
| Signature:  |   | Date:                                      | /                    |                | /                         |  |

| Declaration  |
|--|
| I (Full Name) declare that to the best of my knowledge the information provided in this application, including any associated information provided, is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be engaged as a MOTAT Volunteer, or if I am engaged, my volunteer role may be terminated. |
| I understand that any offer of a Volunteer Agreement with MOTAT, if made, is conditional upon satisfactory confirmation from the New Zealand Police regarding any criminal record.   |
| If my application is successful, I understand that my postal and email address may only be used for communication from MOTAT and my first and surname may be used in publications such as the Annual Report. My details will not be used for spamming purposes.  |
| If my application is successful, I would like to receive communication from MOTAT.   |
| Yes □ No □   |
| Signature: Date: / /   |