Front of House
VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering at the Regent Theatre.
The information provided by you in the following document is confidential.

Please fill out the form in full.

PERSONAL INFORMATION

SURNAME _____

FIRST NAME _____

Name you prefer to be known by: _____

GENDER: M / F

DATE OF BIRTH _____

CONTACT ADDRESS _____

_____

HOME PHONE _____

CELLPHONE _____

EMAIL _____

GENERAL INFORMATION

Reason(s) for volunteering:

_____

_____

_____

Please specify in some detail the hours / days you would be most available (bearing in mind our shows are mainly held in the evening):

_____

_____

_____

What skills and experience would you bring to the role of volunteer:

_____

_____

_____

_____

Have you been a volunteer before? Y/N. If yes, please provide details:

_____

_____

_____

Anything else you would like to add to assist with this application:

_____

_____

_____

_____

MEDICAL & BEHAVIOURAL HISTORY

Do you currently have, or within the last five years, suffered from any medical, physical, or mental condition that could affect your ability to carry out Front of House voluntary activities at the Regent Theatre?

_____

_____

Are you on any medication that we should be aware of that may impair your ability to work safely?

_____

_____

How would you rate your fitness level on a scale of 1 to 5?

Good Average Poor
1_____2_____3_____4_____5

Have you ever been charged with a criminal offence, or are you currently awaiting proceedings for any criminal offence?

_____

_____

Do you have any objections to the Otago Theatre Trust carrying out police vetting prior to final approval of your application to volunteer in a front of house capacity?

Yes / No If yes, please provide details:

_____

_____

Is there anything else that we need to know, or do, to assist you in your role as a volunteer here at the Regent Theatre if your application is successful?

_____

_____

_____

EMERGENCY CONTACT DETAILS

NAME: _____

PHONE _____

RELATIONSHIP _____

REFEREES

Please provide the name and contact phone number for three referees:
Two can be personal (but not family members) and one must be professional in nature (employer for example):

	Referee Name	Contact Number	Relationship to Applicant
1			
2			
3			

By signing this form, you hereby consent to us holding this information on our files.

Signature_____Date_____

Comments - To be completed by Regent Theatre:

_____

_____

_____

_____

PLEASE RETURN COMPLETED FORM TO
REGENT THEATRE, P O BOX 5036, DUNEDIN 9058

NEW ZEALAND POLICE
Ngā Pirihimana o Aotearoa

Vetting Service Request & Consent Form

NZPVS-CS – 05/19

Name of Approved Agency submitting vetting request:

Regent Theatre Dunedin

Section 2: Applicant to complete and return to Approved Agency

**Denotes a mandatory field*

Personal Information

Details *(note: the name you are most commonly known by is your primary name)*

*Family name (Primary):			
Given name(s):			
*Gender:	(M) ☐ (F) ☐ (Other) ☐	*Date of birth: (dd/mm/yyyy)	
Place of birth: (Town/City/State)			
*Country of birth			
NZ Driver Licence number:			

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.

Family name	First name	Middle names

Permanent Residential Address

*Number/Street:			
Suburb:		Post Code:	
*City/Town/ Rural District:			

Section 3: Applicant to complete and return to Approved Agency

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:
   - Conviction histories and infringement/demerit reports
   - Active investigations, charges and warrants to arrest
   - Charges that did not result in a conviction including those that were acquitted, discharged without conviction, diverted or withdrawn
   - **Any** interaction I have had with New Zealand Police considered relevant to the role being vetted, including investigations that did not result in prosecution
   - Information regarding family violence where I was the victim, offender or witness to an incident or offence, primarily in cases where the role being vetted takes place in a home environment where exposure to physical or verbal violence could place vulnerable persons at emotional or physical risk.
   - Information subject to name suppression where that information is necessary to 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 by an individual for the purpose of an overseas Visa/Work Permit as a Privacy Act request authorising the vetting result to be provided directly to the relevant embassy, high commission or consulate.

   Please see the guide for more information regarding the Clean Slate legislation.

3. The Police Vetting Service may disclose newly-obtained relevant information to the Approved Agency after the completion of the Police Vet in the following circumstances:
   - The disclosure of the newly-obtained information is considered to be justified under the Privacy Act 1993 (if it had existed or been available at the time of the Police vet, it would have been disclosed); and
   - The Police Vetting Service has taken steps to confirm that the purpose of the Police vet still exists – e.g. that I got the role which required a Police vet and am still employed or engaged in it.

   The Vetting Service will endeavour 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 result released to the Approved Agency (to be provided by the agency) and can seek a correction by contacting the Vetting Service.
6. The Approved Agency will securely dispose of this consent form, copies of identification documents and the vetting result within 12 months of receiving the result unless a longer retention period is required by legislation.
7. I may withdraw this consent, prior to Police's disclosure of the vetting result, by notifying the Approved Agency.

   For further information, please see the Guide to Completing the Consent Form.

Applicant's Authorisation:

✓ 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 it considers relevant to my application (as described above) to the Approved Agency making this request for the purpose of assessing my suitability at any time.

Name:		Date:	
Signature:		Electronic Signature	