

## Volunteer - Application Form

This application form is to apply to become a Specified Visitor – Volunteer, pursuant to the Corrections Regulations 2005, Regulation 91, to undertake voluntary work with the Department of Corrections, including in a prison or prisons.

The principles of the Privacy Act 1993 apply to the information supplied. You may contact Corrections at any time to access or correct the information you have provided.

First name: .....

Last Name: .....

Other Name(s): .....

Date of Birth: ..... Gender: Male / Female  
(circle one)

Ethnicity: .....

Iwi: .....

Email: .....

Address: .....

..... Post Code: .....

Phone(s): Home ..... Mobile: .....

### Organisation:

If you are applying as part of a group or organisation please provide the name, type of organisation and details of the main organisational contact, or if applying as an individual please write 'Independent':

Name: .....  
(e.g. St Mary's Church, Salvation Army , Independent)

Type: .....  
(e.g. Church, Charity, Non Profit, Marae)

Main Contact: .....

Email ..... Phone: .....

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### For Corrections use only:

Date Received: .....

Chaplain Approval: .....

Security Manager Approval: .....

The following information is required in order to assess your suitability to volunteer within Corrections and to match your skills with the rehabilitation and reintegration needs of the offenders.

Have you ever been a volunteer for the Department of Corrections?      Yes / No

If yes, when, where and what did you do?

.....  
.....

Why do you want to volunteer with the Department of Corrections?

.....  
.....  
.....  
.....

What skills or attributes can you offer as a volunteer?

.....  
.....  
.....  
.....

Are you currently employed?      Yes / No

Are you Retired?      Yes / No

If you work, who do you work for and what do you do.  
Do you have a profession or qualification that you would be able to use as a volunteer?

.....  
.....

Which Prison(s) are you applying to volunteer at?

.....  
.....

Security and safety are important in prisons and approval as Specified Visitor pursuant to Regulations 91(2) of the Corrections Regulations 2005 is conditional on not having a recent or serious criminal history.

All applicants are required to give consent for a criminal convictions check. Please complete the Ministry of Justice form Priv/F2 which is attached and submit it with this application.

Do you have any criminal convictions? Yes / No

If yes, list them below

.....  
.....  
.....

Do you know anyone in prison? Yes / No

If yes, please list them, which prison they are in and your relationship to them.

.....  
.....  
.....

Do you have any current or potential conflicts of interest? Yes / No  
(e.g. you work with offenders in the community or in another role)

.....  
.....  
.....

Any other supporting information for your application:

.....  
.....  
.....

All volunteers are required to declare to the Department of Corrections, including the volunteer co-ordinator, any criminal record, known association or any other information which could be deemed as a potential conflict of interest. It is a requirement on initial application and throughout the approval period.

The Department reserves the right to decline any application on grounds that they consider reasonable.

**Signature:** .....

**Date:** .....

# Checklist for **Individuals** completing Criminal Conviction Check Form



I have signed and dated **section one** of the form.

I have **NOT** filled in **section two** but have left it for the relevant Corrections person to complete.

I have completed **section three** and ensured it is legible and my date of birth is clear.

I have attached an **enlarged, legible copy** of my driver licence or passport. Alternatively, I had section four filled in by someone who can verify my identity.

I am returning the criminal check form to the person at Corrections who gave it to me – **NOT** sending it directly to the Ministry of Justice.

Name

Signature

Date

dd

mm

yyyy

**RETURN THIS FORM TO THE  
DEPARTMENT OF CORRECTIONS**



**SECTION 3: SUBJECT'S DETAILS (Please print in pen)**

**Priv/F2**

**Personal Details**

Surname	First Name	Middle Names (separate by comma)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (DD/MM/YYYY)	Place of Birth	Gender (Male / Female)
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Previous Names - Maiden Name, Aliases**

Surname	First Name	Middle Names (separate by comma)
<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"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Postal Address**

P.O. Box or Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
State / Province	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>

**Current Residential Address**

Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
State / Province	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>
Daytime Phone Number	<input type="text"/>
Home Phone Number	<input type="text"/>
Fax Number	<input type="text"/>

**Previous Two Residential Addresses**

Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
State / Province	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>

Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
State / Province	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>

**SECTION 3: SUBJECT'S DETAILS (continued)**

**Priv/F2**

**Subject's Identification**

Please attach a photocopy of the subject's identification. The identification may be a Driver Licence OR if subject does not hold a driver licence, a Passport. If subject has neither, the subject will need to complete Section 4.

Driver Licence

Passport

**SECTION 4: PROOF OF IDENTITY**

**ONLY TO BE COMPLETED IF SUBJECT DOES NOT HAVE A DRIVER LICENCE OR PASSPORT**  
*Subject to ask someone who can confirm their identity to fill in this section*

The person who identifies subject must:

- have known subject for more than 12 months
- be aged 18 years or over
- have a day time phone number
- not be a relative
- not live at the same address
- be contactable during normal business hours

Surname

First Name

Middle Names (separate by comma)

Street Address

Daytime Phone Number

Suburb

Home Phone Number

City

State / Province

Fax Number

Post Code

Country

I declare that I have personally known:

Surname

First Name

Middle Names (separate by comma)

Signature of identifier

for

years and vouch for his/her identity

X

If subject is unable to get someone to complete Section 4, they must complete a statutory declaration. The relevant form can be obtained from the local District Court or by contacting the Privacy Unit on 04 918 8800.