



August 2024

www.inlinehockeynz.org.nz

Safer Recruitment Volunteer Screening Form

IHNZ is a Child Safe Organisation. It is our number one priority to keep our children and young people safe.

Please complete the following information:

Name:	
Date of Birth:	
Address:	
Phone Number:	
Email:	
Current Financial Member of Club:	
Details of Previous Experience:	
Tell us a bit about why you would like to volunteer with IHNZ:	
How and when can you volunteer?	

Please give us names and contact details of two referees we can contact. Referees must have known you for longer than 12 months, not be a family member or living in the same household as you. One must be a previous employer.

Referee One:	
Their Phone Number:	
Their Email:	
Their Relationship to You:	
Referee Two:	
Their Phone Number:	
Their Email:	
Their Relationship to You:	

Please sign below to confirm your consent to IHNZ obtaining information as detailed above to assess your suitability for the role.

Date	
Signature	