# Camp Quality New Zealand

# Board Trustee Application Form

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Date of Birth** |  | **Email** |  |
| **Mobile** |  | **Home Ph** |  | **Work Ph** |  |
| **Occupation** |  | **Employer** |  |
|  |  |

**Voluntary Work:**

What organisations/community groups have you been involved in, length of time and what capacity e.g., treasurer, secretary, member (if there are more than two please list on a separate sheet).

|  |  |
| --- | --- |
| 1. Organisation/community group
 |  |
| What is/was the purpose of this organisation/community group? |  |
| How long were you/have you been involved? |  |
| What is/was your role/capacity? |  |
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 |  |
| What is/was the purpose of this organisation/community group? |  |
| How long were you/have you been involved? |  |
| What is/was your role/capacity? |  |
| **Please describe how you believe you meet one or more of the following:** |
| Skills in and experience of governance processes |  |
| Knowledge and skill in Tikanga Māori |  |
| Skills in, and experience of, funding applications and sponsorship |  |
| Financial, budgeting, accounting skills and experience  |  |
| Technology experience |  |
| Social Media and digital marketing experience |  |
| Legal skills and experience |  |
| Existing financial relationship(s) or other conflicts of interest with Camp Quality |  |
| Why are you interested in joining Camp Quality? |  |

**Additional Information:**

|  |  |
| --- | --- |
| What attributes/skills (other than mentioned above) could you bring to Camp Quality? |  |
| Anything you would like to add to support your application? |  |

**STATEMENT: THE PRIVACY ACT 1993**

The information which you supply on this application is solely to assess your suitability for Board membership. The information will be held in a secure place. No information will be disclosed to unauthorised parties without your prior approval, except as required by law. You have the right to view your personal information held by Camp Quality in the presence of the Privacy Officer and may request correction if necessary.

**Do you consent to a:**

* Credit Check
* Police Check

**Character Reference Check:**

|  |  |
| --- | --- |
| Name |  |
| Relationship to Referee |  |
| Contact Details (*mobile/phone*) |  | Email |  |

|  |  |
| --- | --- |
| Name |  |
| Relationship to Referee |  |
| Contact Details (*mobile/phone*) |  | Email |  |

**DECLARATION:**

I ……………………………………...., declare that the information contained in this application is accurate and complete. I understand that the truth of the information provided by me is essential to and will be relied upon by Camp Quality. Should my application be successful, I acknowledge that if I have falsified or withheld any information, this will be grounds for termination of my Board Trustee position.

I authorise collection of information from any third party for the purpose of credit and criminal checks, reference checks, which is not limited to the referee’s names on this form.

Furthermore, I understand that this application form is a source of information which will be used by Camp Quality to assist it in considering my suitability for the position applied for and if I am successful it may be accessed by the Board Chair, Board Secretary, and the Human Resources Committee, but will not be provided to any other party.

**Signature**: …………………………………………………. **Date signed:** ……………………………………….

## Thank you for your interest in joining the Camp Quality New Zealand Board.

Please send your application to:

Ron Woolerton

Chair

Camp Quality New Zealand

Email: board@campquality.org.nz