Archery NZ Member Protection Declaration



Archery NZ has a duty of care to all those associated with the organisation and to the individuals and organisations to whom the Archery NZ Member Protection Policy applies. As a requirement of the Member Protection Policy, Archery NZ must enquire into the background of its members.

I born///
(Name) (Date of birth)
a worker/volunteer with
(Name of Club / Association/ District / Organisation)
of
(Home address)
Sincerely declare:
1. I do not have any criminal charge pending before the courts.
2. I do not have any criminal convictions or findings of guilt for sexual offences, offences related to children or acts of violence.
3. I have not had any disciplinary proceedings brought against me by an employer, sporting organisation or similar body involving child abuse, sexual misconduct or harassment, other forms of harassment or acts of violence.
4. I am not currently serving a sanction for an anti-doping rule violation under any Drug Free Sport NZ approved anti-doping Policy applicable to me.
5. I will not participate in, facilitate or encourage any practice prohibited by the World Anti-Doping
Agency Code or any other Drug Free Sport NZ approved anti-doping Policy applicable to me.
6. To my knowledge there is no other matter that Archery NZ may consider to constitute a risk to its
members, employees, volunteers, athletes or reputation by engaging me in a paid or voluntary position.
7. I will notify the President, National Secretary or Privacy Officer of the organisation(s) engaging me
immediately upon becoming aware that any of the matters set out in clauses 1 to 6 above has changed.
Declared in New Zealand on/ (date)
Signature
If the person signing the declaration is under 18 years their parent/guardian must also complete the
Consent below
PARENT / GUARDIAN CONSENT (To be completed only if declaration is completed by a person under the
age of 18 years)
I have read and understood the declaration provided above. I confirm and warrant that the contents of
the declaration
above as provided by my child or a child under my guardianship are true and correct in every particular.
Name
Signature/(date)
WHEN COMPLETED RETURN THIS FORM TO THE CLUB, DISTRICT OR ORGANISATION YOU VOLUNTEER
OR WORK FOR.