

Membership Application - Family looking for a Grandie

Complete the form below to apply to be a member and start the search for your perfect match. Starred questions are mandatory to fill in, as is the consent to be Police Vetted.

Primary Applicant *

First Name (Given names) Last Name (Family Name)

Previous Names (Include alias or maiden name)

First Name Last Name

Email Address *

example@example.com

Primary Phone Number (can be landline or cellphone) *

Area Code Phone Number

Secondary Phone Number (can be landline or cellphone)

Area Code Phone Number

Gender at birth *

Male Female

Date of Birth *



Month Day Year

Place of birth: (Town/City/State) *

Country of birth: *

Primary Address: *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Evidence of Identity

Please supply us with one form of your identity.

If you have a Drivers Licence then you can enter the licence number below and use this as your form of identity.

If you don't have a Drivers Licence then please send us another form of Identification. If you are posting it to us please make sure you ONLY send a COPY.

You can also take a photo of your ID (both sides) and send it to us via text or email.

Email: membership@grandfriends.nz

Text: 021 265 9314

Drivers Licence Number

Please list the full name of any additional adults that live in your household (18 years or older)

What region are you from? *

- Auckland Central
- Auckland East
- Auckland North
- Auckland West
- Auckland South
- Bay of Plenty
- Christchurch
- Gisborne
- Hawkes Bay
- Manuawatu
- Whanganui
- Marlborough
- Nelson Bays
- Northland
- Otago
- Southland
- Taranaki
- Tasman
- Waikato
- Wellington
- West Coast
- Other (Please list below)

List your region if it's not above

I am looking for: *

A Family

A GrandFriend/Grandie

Referee

Please provide us with a referee - please note you must have known these people for over 2 years, and they must NOT be family members.

Referee Name

First Name Last Name

Referee Phone Number

Area Code Phone Number

Referee Email

example@example.com

Criminal Convictions History

Safety for both our Families and Grandies is paramount to us. We highly recommend that you complete a Criminal Convictions History (CCH) report at the same time as this application.

Please [click here](https://www.justice.govt.nz) to fill in the application or visit <https://www.justice.govt.nz>

While this is not mandatory it is highly recommended as this will enhance your chances in finding a match. Many of our Grandies prefer CCH clear families to be matched with.

I agree to completing a Criminal Conviction History Report

YES

NO

Where did you hear about us?

A Friend or colleague

Google

Facebook

Instagram

News Article

Television

Event

Terms & Conditions

1. I agree that GrandFriends (also known as Surrogate Grandparents) may collect, use and disclose the details in this application form under the Privacy Act 1993 for the purposes of:
 - Determining the eligibility for membership
 - GrandFriends volunteers using it to find a suitable match
 - Creating a profile that will help find a suitable match
2. I agree that GrandFriends can display in my profile whether or not I have completed a Criminal Convictions History report. The outcome of the report will not be disclosed.
3. I understand that completing a criminal convictions history report is not mandatory however if I don't complete one I understand that this may decrease my chances of finding a match.
4. I agree that if I do complete a criminal convictions history report and it comes back to show previous criminal convictions that GrandFriends can choose to reject my application or cancel my membership, effective immediately.
5. I agree to GrandFriends displaying my profile on their website and social media platforms (we will not display full name, full address, birth details) in the aide of helping me find a match.
6. I agree to being sent emails from time to time from GrandFriends that will keep me informed and keep me up to date with relevant profiles that maybe a possible match.
7. I understand that I can opt out from any promotional emails that come through from time to time offering great deals from our partners.
8. I agree to a GrandFriends Regional Matchmaker contacting me to help find my perfect match.

Please tick the boxes below *

Information I have supplied relates to me and is correct

I accept the Terms and Conditions

Signature of Primary Applicant

Please send your application to one of the below:

Post: GrandFriends NZ
P O Box 106910
AUCKLAND
ATTN: Membership Application

Email:
membership@grandfriends.nz

Once you submit your application, we will contact you to let you know the next steps via the email you have supplied us with or via phone.