

# VOLUNTEER REGISTRATION FORM

First name (s)

Last name

Address

Telephone (Home)

(Work)

(Mobile)

Email address

Date of birth

What is the best way to communicate with you?

## EMERGENCY CONTACT DETAILS

**Next of kin or other person to be notified in case of an emergency**

Name

Last name

Telephone (Home)

(Work)

(Mobile)

Address

**What is your current employment status? e.g. full time, part time, unemployed, retired**

**What is your availability for volunteering?**

**Do you have any medical, physical or mental conditions that might affect your ability to carry out tasks at Kaipupu Wildlife Sanctuary?** This information is kept strictly confidential.

YES / NO

If yes, please give details

**What skills or previous work experience do you have that might benefit the Sanctuary?**

(Please check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> First Aid Certificate         | <input type="checkbox"/> Track building/maintenance      | <input type="checkbox"/> Knowledge of NZ flora        |
| <input type="checkbox"/> Research/field data recording | <input type="checkbox"/> Promotions/marketing            | <input type="checkbox"/> Knowledge of NZ fauna        |
| <input type="checkbox"/> Gardening/propagation/weeding | <input type="checkbox"/> Animal pest Control/monitoring  | <input type="checkbox"/> Governance                   |
| <input type="checkbox"/> Events/event planning         | <input type="checkbox"/> Weed control/monitoring         | <input type="checkbox"/> Guided tours/public speaking |
| <input type="checkbox"/> Wildlife monitoring/telemetry | <input type="checkbox"/> Environmental education         | <input type="checkbox"/> Other (please specify):      |
| <input type="checkbox"/> Wildlife handling/care        | <input type="checkbox"/> Office administration/computing |   |

I wish to participate as a volunteer on Kaipupu Point Mainland Island Society volunteer projects and I agree to undertake the required inductions and orientation.

Signature

Date: