

VOLUNTEER REGISTRATION FORM

This form must be completed by every volunteer before starting. It is kept in a folder at the kohanga, and a summary kept in an online register. By signing this form, you consent to Aongatete Forest Project holding this information about you. Volunteers who may access this information have all signed a data confidentiality agreement. **The primary use for the information is in case of emergency, so it is important that your details are accurate and kept up to date.**



YOUR DETAILS

First Name: _____

Last Name: _____

Address: _____

Mobile Phone Number: _____

Other Phone Number (optional): _____

Email Address: _____

Vehicle Licence Plate Number: _____

Email Address: _____

Emergency contact name (friend/family member): _____

Emergency contact phone number/s: _____

Detail any medical conditions that we should be aware of such as heart conditions, allergies, asthma, colourblind etc. Ensure you carry your own medicines and instructions for administering in an emergency.

Do you need to carry with you **(A) Epipen** Yes No **(B) Inhaler** Yes No

Do you hold a current First Aid Certificate Yes No

SKILLS Do you have any skills that might be useful? Could be anything e.g. building, hunting, medical, scientific, IT, social media, education, catering, legal etc. Let us know:

WHY ARE YOU VOLUNTEERING Is there anything in particular you want to get out of it?

- I wish to participate as a volunteer for Aongatete Forest Project (AFP)
- I agree to receive AFP emails and I am OK with being photographed for publicity purposes
- I have read and understood the Health & Safety Plan and agree to follow it
- I am aware of the hazards involved and will take care to keep myself and others safe

Signed: _____

Date: _____

Welcome to the Project and thank you for your help!