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 is 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.

Aongatete FOREST PROJECT

YOUR DETAILS

First Name: Last Name:

Address:

Mobile Phone Number: Other Phone Number (optional):

Email Address:

Vehicle Licence Plate Number:

Emergency contact name (can be a 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 (optional) 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 (optional) 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 emails and have any photos taken of me used 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!