

VOLUNTEER REGISTRATION FORM

Name:

Address:

Telephone: (Home):

(Mob):

Email:

Date of Birth:

Availability: Weekends Weekdays Anytime

Skills/Experience (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Animal pest control/monitoring | <input type="checkbox"/> DIY and trap building |
| <input type="checkbox"/> Research/field data recording | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Bushwacking and off-track work | <input type="checkbox"/> Environmental education |
| <input type="checkbox"/> Writing and publicity | <input type="checkbox"/> Knowledge of NZ flora |
| <input type="checkbox"/> Helping with events | <input type="checkbox"/> Knowledge of NZ fauna |
| <input type="checkbox"/> First Aid Certificate | <input type="checkbox"/> Other (specify) |

Medical Conditions:

Do you have any medical conditions that you think we should know about, or that might affect the type of project you could do? (eg. Asthma, allergies, disabilities, etc). This information is kept confidential.

Alternative emergency contact name, address and phone number:

Volunteer Agreement

I wish to participate as a volunteer for Picton Dawn Chorus (PDC) volunteer projects and I agree to supervision by an appointed supervisor. I agree to follow the Health and Safety policies and procedures set out by PDC.

I accept that any medical costs associated with accidents are paid for by the Accident Compensation Corporation. I also accept that as a volunteer worker, any accident I may have is classified as a non-work accident and I am therefore not eligible for any payment or loss of earnings from the Picton Dawn Chorus Incorporated Society.

Picton Dawn Chorus Incorporated Society does not accept any responsibility whatsoever for any personal accident or loss/damage to personal items or equipment for volunteers whilst they are engaged in PDC projects.

When checking a trap line, it is my responsibility to make a "get home safe" plan. This includes a nominated contact person who knows where I am going and when I am expected to return and who will raise the alarm (by contacting the Police and Picton Dawn Chorus) if I do not return as expected. I am also aware that PDC recommends that I take a fully charged mobile telephone (with adequate credit) with me while volunteering.

Volunteers Name (print): _____

Signature: _____ Date: _____