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**Whakatāne Kiwi Trust Volunteer Registration Form**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile:\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_

**Availability:** □ Weekends □ Weekdays □ Anytime

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Why would you like to be a Whakatāne Kiwi Trust volunteer?

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I have volunteered with a conservation project before (*in what capacity*)

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**Fitness: □** Low **□** Medium **□** High

**Terrain Comfortable with: □** Flat or easy **□** Moderate **□** Steep or difficult

**Can you please advise how you became aware of the Whakatāne Kiwi Trust?**

□ Word of Mouth □ The Beacon Newspaper

□ Whakatāne Kiwi Trust website □ 1XX Radio Station

□ Whakatāne Kiwi Trust Facebook page □ Eventfinda website

□ Other:  ............................................................................................

**To help us identify which volunteer role may interest you, please suggest the type of work you would prefer.**

□ Public night walks *(April to July*) □ Kiwi Aversion (dogs)

□ Education for schools □ Assistance with events or fundraising □ Bird call/count surveys □ Camera Monitoring

□ Species monitoring □ Kiwi Chick ‘Pinging (Monitoring)

□ Bait Station filling □ Bait supply or preparation (e.g. rabbits)

□ Trapping (e.g. stoats) □ Weed Control

□ Wasp Monitoring & Control

Other: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Skills/experience** *(Please check those skills that apply to you)*

|  |  |  |
| --- | --- | --- |
| ***Administrative*** | ***Maintenance*** | ***Field Experience*** |
| Data Recording  **□** | Carpentry **□** | Backcountry Skills **□** |
| Fundraising **□** | Use of hand or power tools **□** | Field Research **□** |
| Website / Social media **□** | Painting **□** | Orienteering/Navigation **□** |
| Other **□** | Engineering (Machinery) **□** | Other **□** |
|  | Other **□** |  |
| ***Ecology*** | ***Pest Management*** | *Please list any other relevant skills or qualifications* |
| Knowledge of NZ flora **□** | Trapping **□** |  |
| Knowledge of NZ fauna **□** | Pesticide Handling Certificate **□** |  |
| Field Research techniques **□** | Weed Control **□** |  |
| Environmental Education **□** | Other **□** |  |
| Other **□** |  |  |

**Licences/Certificates**

□ Car

□ 4WD, Quad/LUV

□ International Drivers License

□ First Aid (*expiry date)*

□ Chainsaw

□ Poisons/Chemicals *(please specify which licence and expiry date)*

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□ Other Relevant

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**Signed**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date\_\_\_\_\_\_\_\_\_\_\_**

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**Volunteer Agreement**

* I wish to participate as a volunteer for the Whakatāne Kiwi Trust and I accept supervision by an appointed supervisor.
* Provided they are within my capabilities, I am available for other tasks (including emergencies) should I be asked.
* I agree to read and abide by the Whakatāne Kiwi Trust Health & Safety Policy.
* I accept that any medical costs associated with accidents are paid for by the Accident Compensation Corporation.
* I acknowledge that any tools or equipment provided to me to carry out tasks remains the property of the Whakatane Kiwi Trust.
* I acknowledge that the Trust does not accept any responsibility for loss or damage to personal items or equipment for volunteers whilst they are engaged in Whakatāne Kiwi Project activities.
* I agree to advise the Trust of any changes in circumstances or health that may affect my ability to volunteer.
* I will be responsible for carrying personal medication, if required.
* I agree to read the Volunteer Code of Conduct
* I give permission for my contact and medical details to be held on file by the Whakatāne Kiwi Trust.

I consent to being contacted via email or phone with information pertaining to the Whakatāne Kiwi Project and associated events

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency point of contact:**

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical conditions:**

Do you have any medical conditions, recent illness or past injuries that you think we should know about, or that might affect the type of project you could do? (E.g. allergies, asthma, disabilities, diabetes, epilepsy, arthritis)

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**Volunteer's signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**