

# Palmerston North Conservation Volunteer Registration Form

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

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

Telephone: (home): \_\_\_\_\_ (work): \_\_\_\_\_

(fax): \_\_\_\_\_ (email): \_\_\_\_\_

Availability:  Weekends  Weekdays  Evenings  Anytime \_\_\_\_\_

Seasonal  Summer  Autumn  Winter  Spring

Specific dates \_\_\_\_\_

My background/work experience is in: \_\_\_\_\_

**Interests (The type of volunteer work desired e.g., shadehouse work, Kiwi research, field work etc):**

Anything  Special Interest: \_\_\_\_\_

Specific Project (specify) \_\_\_\_\_

## Communication

Do you want DOC to email you a monthly schedule of volunteer projects?  Yes  No

Do you want DOC to email you a copy of the Palmerston North Area Office newsletter 'Keep tracking on with DOC'?  Yes  No

Do you want DOC to give you a copy of your Volunteer Registration for your own records?  Yes  No

**Fitness:**  Low  Medium  High

**Skills/Experience** (Please check those you can apply to volunteer opportunity)

### Administrative

Office/Reception

Computing

Data recording

other \_\_\_\_\_

### Maintenance

Carpentry

Fencing

Use of hand tools

Painting

Track maintenance

other \_\_\_\_\_

### Field Experience

Backcountry Skills

Field Research

Orienteering /Navigation

Climbing

Other \_\_\_\_\_

### Ecology

Knowledge of NZ Flora

Knowledge of NZ Fauna

Knowledge of NZ History

Field research techniques

Interpretation techniques

Environmental Education

Other \_\_\_\_\_

### Pest Management

Weed Control

Kiwi safe baiting

Trapping

Other \_\_\_\_\_

**Gardening:** Propagating, Potting, weeding, feeding

**Other:** Public Speaking, Creative Writing, Design etc

Please specify: \_\_\_\_\_

**Preferred work environment:** (please check those that apply)

Work well independently  Work well as team member

Prefer creative freedom  Prefer detailed instructions

I have volunteered with DOC before  Yes  No

In what capacity? \_\_\_\_\_

**Licenses/Certificates:**  Car  HT  Boatmasters  Firearms

First aide  Chainsaw  Poisons  Other relevant

**Medical Condition:** (Do you have any medical conditions that you think we should know about, or that might affect the type of project you could do? e.g. asthma, skin cancer, allergies, disabilities, etc). This information is kept confidential. \_\_\_\_\_

**Emergency contact name, address and phone number:** \_\_\_\_\_

I give permission for my details to be given to other conservation organisations if they need conservation volunteers

Yes  No

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# Volunteer Agreement

I/we wish to participate as a volunteer on Department of Conservation volunteer projects and to accept supervision by an appointed supervisor.

Provided they are within my capabilities, I am/we are available for other tasks, including emergencies should I/we be asked.

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

**Note:** The Department 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 Conservation Volunteer projects.

Volunteer's Full Name (print): \_\_\_\_\_

Volunteer's Phone Number: \_\_\_\_\_

Volunteer's Street Address: \_\_\_\_\_

Volunteer's Next of Kin: \_\_\_\_\_  
(name and phone)

Emergency Contact (name) \_\_\_\_\_

Emergency Contact (Day and Evening phone) \_\_\_\_\_

Details of any medical condition or recent illness the Department should be aware of that could affect your participation, eg allergies:

\_\_\_\_\_  
\_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

DOC Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Project: \_\_\_\_\_  
\_\_\_\_\_