

Conservation Volunteer Registration Form

Name: _____

Address: _____

Telephone: (home): _____ (work): _____ (fax): _____ (email): _____

Date of Birth: _____ Passport No. _____ Other _____

Availability: Weekends Weekdays Anytime 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) _____

Fitness: Low Medium High

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

Administrative

- Office/Reception
- Computing
- Data recording
- Other _____

Ecology

- Knowledge of NZ Flora
- Knowledge of NZ Fauna
- Knowledge of NZ History
- Field research techniques
- Interpretation techniques
- Environmental Education
- Other _____

Maintenance

- Carpentry
- Fencing
- Use of hand tools
- Painting
- Track maintenance
- Other _____

Pest Management

- Weed Control
- Kiwi safe baiting
- Trapping
- Other _____

Field Experience

- Backcountry Skills
- Field Research
- Orienteering / Navigation
- Climbing
- 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 (in what capacity) _____

Licenses/Certificates:

Car International Drivers License Boatmasters Firearms Poisons
 First aid Chainsaw 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? (eg. 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: _____

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: _____
