

VOLUNTEER REGISTRATION FORM (GROUPS)

Name of organisation/group _____ Email _____

Address _____

Name of contact person: _____

Postal address if different from above: _____

Telephone: Day _____ Night _____ Mobile _____

Number of people in group: _____

Availability

- | | | |
|---|---|---|
| <input type="checkbox"/> Weekends | <input type="checkbox"/> Weekdays | <input type="checkbox"/> Anytime |
| <input type="checkbox"/> Specific Dates | <input type="checkbox"/> One-off events | <input type="checkbox"/> Longer-term projects |

Our main reasons for wanting to volunteer are (tick those that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Help conservation projects | <input type="checkbox"/> Visit conservation places | <input type="checkbox"/> Get work experience |
| <input type="checkbox"/> Meet people | <input type="checkbox"/> Learn new skills | <input type="checkbox"/> Learn about conservation |
| <input type="checkbox"/> Team building | <input type="checkbox"/> Other _____ | |

We wish to volunteer for the following advertised project/activity:

_____ (or)

We are interested in future opportunities & the type of volunteer work we'd most like to do is:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Anything | <input type="checkbox"/> Habitat restoration (tree planting/pest control | <input type="checkbox"/> Office work |
| <input type="checkbox"/> Work with animal and bird species | <input type="checkbox"/> Research and monitoring | |
| <input type="checkbox"/> Track and hut maintenance | <input type="checkbox"/> Historic site protection | |
| <input type="checkbox"/> Other _____ | | |

Our average fitness level is:

- Low Medium High

The skills and experience of member of our group include (tick those that are relevant)

- | | | |
|--|--|--|
| <input type="checkbox"/> Office skills | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Backcountry Skills |
| <input type="checkbox"/> Computing | <input type="checkbox"/> Fencing | <input type="checkbox"/> Field Research |
| <input type="checkbox"/> Data recording | <input type="checkbox"/> Pest control | <input type="checkbox"/> Track and hut maintenance |
| <input type="checkbox"/> Knowledge of NZ Flora and fauna | <input type="checkbox"/> Knowledge of NZ History | |
| <input type="checkbox"/> Writing, Design | <input type="checkbox"/> Interpretation | <input type="checkbox"/> Education/teaching |
| <input type="checkbox"/> Other _____ | | |

My group has volunteered with DOC before (please describe what you did)

Members of my group have the following Licences/Certificates

- Drivers Licence International Drivers Licence Boat masters ticket
Firearms licence Poisons First Aid Chainsaw
 Other Relevant qualifications: _____

Medical condition

Does anyone in your group have a medical condition 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.

I give permission for the details in this form to be given to other conservation organisations if they need Conservation Volunteers:

- Yes No

Signed _____ Date _____