



ENROLMENT FORM

Name: _____

Address: _____

Email: _____

Telephone: Home _____ Mobile _____

Availability

- Weekends Weekdays Anytime

What skills do you have?

What would you like to achieve by becoming a HALO Whakatāne volunteer?

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

- Administration
- School and youth activities
- Event planning and organising
- Website content / social media
- Volunteer recruitment and coordination
- Governance: i.e. Trustee, Treasurer, Secretary
- Urban Trapping
- Trap maintenance, new line layouts. Network expansion.
- Fund applications
- Other _____

Fitness

- Low Medium High

Licences/Certificates

- Car
- Poisons _____
(please specify which licence and expiry date)
- First Aid (expiry date) _____
- Chainsaw
- Other relevant _____



SIGNED: _____

DATE: _____



VOLUNTEER AGREEMENT

NAME: _____

I/we wish to participate as a volunteer for the HALO Whakatāne and 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 agree to read and abide by the HALO Whakatāne Health & Safety Plan.

I/we accept that any medical costs associated with accidents are paid for by the Accident Compensation Corporation.

Note: HALO Whakatāne Incorporated Society does not accept any responsibility for loss/ damage to personal items or equipment for volunteers whilst they are engaged in HALO Whakatāne Volunteer projects.

Medical condition:

Do you have any medical condition that you think we should know about, or that might affect the type of project you could do?

Yes No

Details of any medical condition, recent illness, current or past injuries that the Trust should be aware of that could affect your participation, e.g. allergies, asthma, disabilities, diabetes, epilepsy.

I agree to advise the volunteer coordinator of any changes in circumstances or health that may affect my ability to volunteer. I will be responsible for carrying personal medication, if required.

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I give permission for my details to be held on file by HALO Whakatāne Yes No

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I understand that images may be used for Social Media and other forms of publicity or promotion and give permission for those to be used. Yes No

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I consent to being contacted via email with information pertaining to the HALO Whakatāne Project and associated events: Yes No

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EMERGENCY CONTACT

Full name:

Telephone:

Day _____

Evening _____

Mobile _____

VOLUNTEER'S SIGNATURE: _____ DATE: _____