

VOLUNTEER REGISTRATION FORM

TITLE : Mr Mrs Ms Miss Dr (please circle) **GENDER :** Male/Female (please circle)

FIRST NAMES:

Are you known by any other names:

SURNAME :

BIRTHDAY : **day** **month**

Have you previously worked as a volunteer in any capacity? Yes No
If yes, please briefly document details.

STREET ADDRESS :

TELEPHONE NO :

MOBILE :

EMAIL :

EMERGENCY CONTACT :

RELATIONSHIP :

Volunteers work an average of 3-4hrs at any one time, either on a regular basis, or to suit their other commitments Please indicate what areas you are interested in as well as any relevant experience:

<p>Admin Retail Reception * Retail involves : till/Eftpos/ Reconciliation/cash* Admin support (computer knowledge)* Newsletter (quarterly) *</p>	<p><i>nb it is not necessary to have had experience in retail</i></p>
<p>Archives Collection Management Cataloguing/archive* Local history research/writing/data entry* Photography* Oral history* Genealogy*</p>	
<p>Education Developing Curriculum Based resources School group tours*</p>	
<p>Public Programmes Event management Museum tours & heritage trail tours+* Developing resources* Creative skills (please comment) Technical skills (please comment)</p>	
<p>Displays/Building Maintenance/Gardening Minor display maintenance* Minor building maintenance Gardening* Carpentry</p>	

NB: training will be provided in most areas where you see an asterisk *

ANCESTRY: Are you a descendant to the original Waipu settlers, if so what family?

QUALIFICATIONS : Certificates/First Aid Certificate (current)/Diplomas/Degrees/Other (please list)

Are you/were a qualified/experienced teacher? Yes/No what levels and subjects?

SKILLS : IT/Retail Technology (cash register/eftpos machine)/Carpentry/Sewing/Artistic/Other (please list)

DECLARATION

1. I understand and acknowledge that I am not an employee of the Waipu Museum.
2. I understand and acknowledge that should I suffer injury during my activities as a volunteer, any accident compensation claim should be made to the ACC (Accident Compensation Corporation) and will not be a Waipu Museum work-related claim.
3. I undertake to follow procedures outlined in my training/orientation and to adhere to Waipu Museum health and safety policies and procedures.
4. I do/do not have any pre-existing injuries or medical condition that will affect my ability to undertake the activities proposed for me as a volunteer (non employee).
5. I agree to report any incident or injury, or any health and safety hazards which I may observe, as prescribed in the Waipu Museums H&S Manual.
6. I declare that the information I have provided by completing this form is true and accurate.

SIGNED :

DATE :

Please return this form via email to : manager@waipumuseum.com or hand to Waipu Museum reception

NEW VOLUNTEER PROFILE QUESTIONS

NAME : _____

ROLE APPLIED FOR : _____

DATE : _____

Tell me a little about yourself (eg hobbies etc)

What do you do when you are not volunteering?

In your opinion, what is the most important work that this organization does?

What attracted you to volunteer for the Museum?