

VOLUNTEER REGISTRATION FORM



TITLE: Mr Mrs Ms Miss (please circle)	
FIRST NAMES: <i>Are you known by any other name:</i>	SURNAME: DATE OF BIRTH:
OCCUPATION:	
Have you previously worked as a volunteer? Yes No If yes, please briefly describe	
STREET ADDRESS:	TELEPHONE NO: MOBILE: EMAIL:
EMERGENCY CONTACT:	RELATIONSHIP:
<i>Tell us a little about yourself:</i>	
<i>What attracted you to volunteer for the Museum?</i>	
<i>In your opinion, what is the most important work that this organisation does?</i>	
<i>Are you connected to the Waipu Settlers? If so what family?</i>	

Please indicate what areas you have previously had experience in (*it is not necessary to have had 1 experience in these areas*):

✓		Comments
	Admin/Retail Reception Retail: handling cash, using a cash register & Eftpos Admin support Newsletter (quarterly)	
	Information Technology Computer knowledge	
	Collection Management/Genealogy Cataloguing/archive Photography Local history research/writing Recording Oral history Genealogy Research	
	Education Developing Curriculum based resources School group tours	
	Public Programmes Event management Museum tours & heritage trail tours Developing resources Creative skills (please comment) Technical skills (please comment)	
	Displays/Building Maintenance/Gardening Minor display maintenance Minor building maintenance Gardening Carpentry	

QUALIFICATIONS:

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 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.
5. I agree to report any incident or injury, or any health and safety hazards which I may observe, as described in the Health & Safety Manual.
6. I declare that the information I have provided by completing this form is true and accurate.

SIGNED:

DATE:

Please return this form to the front desk or email to: shop@waipumuseum.com