

Appendix 1

Volunteer Details

Project: _____

Complex: _____

Supervisor: _____

Personal Details

Title (circle): Mr Mrs Ms Miss **Gender (circle):** Male Female Non-binary

First name: _____

Second name: _____

Are you known by any other name/s (circle): Yes No

If Yes, please provide name: _____

Date of birth: _____

Street Address: _____

Mobile Number: _____

Home: _____ Work: _____

Email Address: _____

Emergency Contact

Name: _____

Address: _____

Mobile Number: _____

Home: _____ Work: _____

Relationship: (e.g. Mother, Husband etc.) _____

Appendix 2

Volunteer Declaration Form

Declaration:

1. I understand and acknowledge that I am not an employee of the Trust.
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 Te Toi Mahana Trust work-related claim.
3. I undertake to follow procedures outlined in my training/orientation and to adhere to Trust health and safety policies and procedures.
4. I **do/do not** have any pre-existing injuries or medical conditions that will affect my ability to undertake the activities proposed for me as a non-employee. I undertake to update Te Toi Mahana Trust if my medical condition changes and will affect my ability to volunteer.
5. I agree to report any incident or injury, or any health and safety hazards which I may observe.
6. I declare that the information I have provided by completing this form is true and accurate

Name: _____

Signature: _____

Date: _____