



Contact Information

Name:

Street Address:

Suburb:

City:

Postcode:

Email Address:

Home Phone:

Mobile Phone:

Availability and Experience

Please specify in detail the hours/days you would be most available, bearing in mind that our shows are mainly held in the evening and weekends. *In becoming a volunteer you agree to undertake an average on 1-2 shifts a month.*

What skills and experience would you bring to the role of volunteer?

Please provide two referees:

Name:

Contact Number:

Name:

Contact Number:

Health and Safety Requirements

Do you currently have, or have you ever had a medical or health related condition that could affect your ability to carry out the duties and responsibilities of a volunteer at Whirinaki, or which could be aggravated or contributed to by the duties and responsibilities of the position? *Please note that relevant tasks involving helping to evacuate the facility and management of stairwells.*

Yes: No: If yes, please specify the health problems/disabilities:

If you are currently suffering, or have suffered in the past from injury or illness, are there any special services or facilities which we could provide to enable you to carry out the work duties safely?

Yes: No: If yes, please specify the health problems/disabilities:

Criminal Convictions and Checks

Do you agree to complete any form relating to either a Police check or a Ministry of Justice check if required by Whirinaki Whare Taonga?

Yes: No:

Do you have any criminal charges pending, or any criminal convictions, either in NZ or overseas? (If you are eligible under Section 7 of the Criminal Records (Clean Slate) Act 2004 you are deemed not to have a criminal record in New Zealand, and are not required to declare the convictions). Exclude minor vehicle offences.

Yes: No: If yes, please specify the health problems/disabilities:
