



VOLUNTEER WORKER REGISTRATION			
Volunteer Group name:			
<i>Volunteer's Personal Details</i>			
Name:			
Address:			
Email Address			
Telephone Number	Home	Mobile	
Date of Birth (optional)			
<i>Emergency Contact Details</i>			
Name of emergency contact person:			
Address of emergency contact person:			
Contact phone (home)			
Contact phone (mobile)			
<i>Please complete all applicable details below</i>			
Current First Aid Certificate	YES / NO	Expiry Date	
Drivers Licence/s <i>If driving a council vehicle</i>	Number		
	Classes		
	Expiry		
Do you agree/consent to submitting information for a Police Vetting check? (only for volunteers involved in childrens' / youth activities)			YES / NO
<b>Qualifications held that are applicable to the volunteer work you will be doing.</b> E.g. chainsaw use			
<i>Optional Health Question</i>			
Do you currently suffer, from, any medical or physical condition that Kaikoura District Council should be aware of? <i>For example: allergies, (do you carry and epi-pen, inhaler?) heart condition (information managed by the Human Resources dept. and held in confidence).</i>			
YES / NO (If Yes, please provide details):			

*We take your privacy seriously. Kaikoura District Council abides by the provision of the Privacy Act 1993 in its dealing with volunteers. Information on this form will not be used in a way that you would not reasonably expect, nor disclosed to a third party without your consent. I verify that the information provided on this form is true and correct.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_