

Mountains to Sea Conservation Trust – Volunteer Form

This form may be completed on-line but you may be required to re-sign our terms on commencement of events.

Name of the programme or event: (e.g. EMR or WBC programme, Community Guided Snorkel day, Planting day)

Role on the programme or at the event: (e.g. snorkel guide, snorkel supervisor, in-stream observation, promotion).

Family Name: _____ First Name: _____ M/F (please circle)

Address: _____

Phone: _____ (work/hm) _____ (mobile)

Email: _____

Tick if you **do not** wish to be contacted about our programmes or future volunteer opportunities

Date of Birth: _____ Passport or Drivers Licence Number: _____

Emergency contact:

Name: _____ Phone number(s): _____

Address: _____

I have volunteered with MTSCT before: _____ Y/N (please circle)

If yes, in what capacity: _____

My relevant work experience is in:

Skills / Experience (Please check those you can apply to volunteer opportunity)

- | | | |
|---|---|--|
| <input type="checkbox"/> Organisation management | <input type="checkbox"/> Advertising | <input type="checkbox"/> Snorkel/dive guiding |
| <input type="checkbox"/> Computing | <input type="checkbox"/> Press writing | <input type="checkbox"/> Teaching in the field |
| <input type="checkbox"/> Data recording | <input type="checkbox"/> Website management | <input type="checkbox"/> marine |
| <input type="checkbox"/> Report/funding app writing | <input type="checkbox"/> Photography | <input type="checkbox"/> freshwater |
| <input type="checkbox"/> Developing education resources | <input type="checkbox"/> Other: _____ | |

Fitness: Low Medium High

Licenses / Certificates:

- | | | |
|--|---|---|
| <input type="checkbox"/> Car | <input type="checkbox"/> Boat Masters | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Dive/snorkel qualifications | <input type="checkbox"/> Day skippers | <input type="checkbox"/> Marine/freshwater biology degree |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Other Relevant _____ | |

Medical Condition: Please circle if you have any of the following:

Asthma Allergies Disabilities Seizures of any type

Epilepsy Heart condition Diabetes

Other (please specify): _____

Have you had any major injuries (breaks or strains or surgery) or illness in the last six months that may limit your participation in any activities (please circle)?

Yes No

If yes please state injury/illness:

Are you currently taking medication?

Yes

No

If yes please state ailment and medication/s:

Are you allergic to any of the following?

Insect bites/stings/jellyfish: Yes No

Other allergies: Yes No

If yes to insect bites/stings what happens during an allergic reaction?

What treatment is required?

Please ensure you have your own medication for any medical conditions.

VOLUNTEER TERMS

Medical conditions: On the day of event participation - Please advise the supervisor if there has been any change to your medical situation

Police Vetting: Do you have any criminal convictions? Yes/No (please circle) *By signing this form at the bottom of this page you agree to police vetting if requested.*

Drug and Alcohol Policy: By signing this form you agree to abide by MTSCCT's drug and alcohol policy which includes not being under the influence of drugs or alcohol when onsite or involved in MTSCCT activities and safety sensitive sites.

Induction: MTSCCT requires all staff and volunteers to comply with our Safety Management Systems, policies and SOP's found on our programme websites. On the day volunteers will be inducted into the SMS and relevant SOP for the day, including access to the relevant site specific RAMS form/s or event plans and guide checklists for the site and given a verbal Health and Safety briefing from the supervisor, including (but not limited to) the identification of potential risks and management strategies. Volunteers will be verbally briefed about the work to be undertaken and potential hazards, location of first aid, facilities and emergency procedures on the commencement of every activity. Site familiarisation is undertaken and relevant issues explained wherever these arise.

Volunteer responsibilities

- Take reasonable care of your own health and safety,
- Take reasonable care that what you do or don't do doesn't adversely affect the health and safety of others,
- Cooperate with any reasonable policies or procedures the business or undertaking has in place on how to work in a safe and healthy way, and
- Comply with any reasonable instruction given by the business or undertaking so that they can comply with HSWA and the regulations.

Risk disclosure - snorkelling (if applicable):

I hereby acknowledge the risks associated with snorkeling. I understand that the EMR programme will identify any foreseeable risks or hazards and implement correct management procedures to eliminate or minimise those hazards.

Complaints Refer to our complaints policy on our website. Health and safety feedback and/or comments can also be submitted via our programme websites www.emr.org.nz & www.whitebaitconnection.co.nz

Date:

Signed (volunteer)

Name:

Signed: (Trust representative/supervisor)

Name

For professional volunteers and long term or internships, please refer to the following pages.

Professional peoples roles

Organisation representing (e.g. DOC): _____

Outline the purpose and goals of the professional volunteer’s involvement in the programme:

Outline the role the volunteer will fulfil in their involvement:

Outline the responsibilities of the professional volunteer below (e.g. bringing along resources or material, turning up on the day, giving 24 hours notice if they can’t make it along, reading health and safety documents).

Long term volunteers or internships (if applicable):

The volunteer will be responsible for his/her own transport to and from the place of work. The volunteer will be given access to the relevant RAMS form/s for the site and given a full Health and Safety briefing from the supervisor. The volunteer reserves the right to refuse work if he/she feels harassed or unfairly treated or unsafe.

The Trust reserves the right to cancel this agreement if the volunteer does not fulfil his/her obligations eg doesn't turn up to work, harasses the supervisor, refuses to work, and demonstrates unsafe practices.

During work the volunteer must ensure all Trust protocols are adhered to or he/she is liable to be refused further positions for the Trust.

The volunteer will be provided with a reference from the trust outlining duties undertaken during term of work.

The volunteer is to complete the following tasks. These tasks are within the scope of this agreement:

This includes:

<i>Task</i>	<i>Anticipated hours</i>	<i>Location</i>	<i>Travel arrangements</i>	<i>Supervisor</i>	<i>Date</i>