

Volunteer Agreement



I/we wish to participate as a volunteer on Department of Conservation volunteer projects and to accept supervision by an appointed supervisor.

Provided they are within my capabilities, I am/we are available for other tasks, including emergencies, should I/we be asked.

I/we accept that any medical costs associated with accidents are paid for by the Accident Compensation Corporation. I/we also accept that as a volunteer worker, any accident I/we may have is classified as a non-work accident and I am/we are therefore not eligible for any payment or loss of earnings from the Department.

Note: The Department does not accept any responsibility whatsoever for any personal accident or loss/damage to personal items or equipment for volunteers whilst they are engaged in Conservation Volunteer projects.

Volunteer's Detail			
Full name			
Telephone			
Mobile			
Email			
Address			
Volunteer's next of kin			
Full name			
Telephone			
Mobile			
Emergency Contact			
Full name			
Telephone	Day	Evening	Mobile
Details of any medical condition or recent illness that the Department should be aware of that could affect your participation, e.g. allergies, asthma, disabilities, diabetes, epilepsy			
Volunteer's signature			Date
DOC representative			Date
Project			

Note: the Project Plan (or a summary of the plan) should be attached to this agreement to ensure that the volunteer has all the specific details about the project such as what they need to supply and what the Department is supplying.