



VOLUNTEER REGISTRATION FORM

1. CONTACT DETAILS

FIRST NAME: _____ SURNAME: _____

ADDRESS: _____

CELL: _____ HOME PH: _____

EMAIL: _____

AGE: Under 18 years 18-30 years 30-40 years 40-50 years +60 years

2. HAVE YOU VOLUNTEERED FOR RALLY WHANGAREI BEFORE? YES NO

3. IF YES, WHICH DEPARTMENT(S) DID YOU WORK IN:

4. DO YOU HAVE A PREFERENCE FOR WHAT DEPARTMENT YOU WOULD LIKE TO WORK IN?

YES - please state: _____ NO, I have no preference

5. DO YOU HAVE ANY SKILLS THAT RALLY WHANGAREI COULD USE?

6. NEXT OF KIN (In the case of an emergency, please provide details of your next of kin.)

Name: _____ Relationship: _____

Contact Number: _____

7. DO YOU HAVE ANY ALLERGIES OR HEALTH CONCERNS THAT WE SHOULD BE AWARE OF?

The information contained in this form will be compiled by Rally New Zealand into a volunteer database. I give my consent to this information being stored and used by Rally New Zealand.

SIGNATURE: _____ DATE: _____

IF UNDER 18 YEARS OF AGE,
PARENT OR GUARDIAN NAME AND SIGNATURE: _____

PLEASE RETURN THIS FORM TO:
INTERNATIONAL RALLY OF WHANGAREI, C/- PO BOX 62-021, MT. WELLINGTON, AUCKLAND
PH: 09 278-0882 FAX: 09 276-0881 EMAIL: info@rallywhangarei.co.nz
WEBSITE: www.rallywhangarei.co.nz