



## 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: 09 276-0882 FAX: 09 276-0881 EMAIL: [info@rallywhangarei.co.nz](mailto:info@rallywhangarei.co.nz)  
WEBSITE: [www.rallywhangarei.co.nz](http://www.rallywhangarei.co.nz)