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**Volunteer Registration Form**

*All the information on this form is strictly confidential. It will be used only by the Friends of Te Papa for volunteer assessment and recruitment, and not for any other purposes.*

Full name:

Name by which you wish to be addressed:

Gender:

DOB:

Ethnicity:

Address:

Phone number:

Email address:

Emergency contact name:

Emergency contact phone number:

Emergency contact relationship:

Are you in *paid employment / unpaid work / unemployed / retired* ?

If working what are your hours of work?

What is your availability to volunteer?

Relevant work experience:

Previous voluntary roles:

What relevant skills would you like to bring to the voluntary role?

Is there anything else you’d like us to know about you and/or your experience?

Is English your first language? Yes No

What other languages do you speak?

Conditions:

If you have a disability or health condition that may impact on your capacity to carry out a volunteer role, it would be in your interest to disclose it so that we can explore any reasonable adjustments the Friends of Te Papa could make to enable you to volunteer.

Could this apply to you?

Yes No

What is your relationship with the Friends of Te Papa? (Tick all that apply)

Member 10+ years Member 5+ years Member 1-5 years

New member Friend/family are members

Have been to events Newly discovered FoTP

Have you had a criminal conviction?

Yes No

**I AGREE** that subject to recruitment I would be willing to abide by the Friends of Te Papa constitution, values and role description provided.

**I UNDERSTAND** that my role with the Friends of Te Papa may involve knowledge of commercially sensitive information and that anything I learn through my position will be kept confidential.

**SIGNATURE:**

**DATE:**