

MARLBOROUGH SOUNDS VOLUNTEER CAMP HOST APPLICATION FORM



One application form is required per person/couple

PERSONAL DETAILS:

Name(s): _____

Address: _____

Email: _____

Phone: _____

Age: _____ Male / Female

What is the **minimum** length of stay that you are available for? -----

What is the **maximum** length of stay that you are available for? -----

Will you be staying in a: Tent Caravan/Campervan

What dates are you available for (please note host hand over usually occur on a Tuesday)?

Which is your preferred campsite? _____

Which is your second choice campsite? _____

Do you intend to bring a dog? (Kenepuru Head only) _____



Will you have your own transport? _____
(Some of the sites are also responsible for checking other nearby sites and therefore require hosts to have their own transport although mileage will be paid in these cases)

Please list any medical conditions (e.g. Diabetes, heart condition, asthma, allergies) and/or medication dependencies that may affect your ability to take part in this project (this information will be kept confidential):

Please list any related camp host experience in New Zealand (e.g. last 5-10 years):

Have you been involved in any other DOC Volunteer Projects? If so, please detail (where, what etc): _____

What is your main motivation for applying for this volunteer position?:

Agreement:

- I wish to participate as a volunteer with the Department of Conservation and have read and understand the 'Volunteer Camp Host Information Sheet'
- I agree to accept the guidance and direction provided by the supervisor.
- I accept that any medical and/or entitlement costs associated with accidents are paid for by the Accident Compensation Corporation. I also accept that as a volunteer worker, any accident I may have is classified as a non-work accident and I am therefore not eligible for any payment or loss of earnings from the Department.

Signature: _____ Date: _____

