

**Department of Conservation  
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.

**Volunteers**

Full name (print) \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Web \_\_\_\_\_

Street 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**  
\_\_\_\_\_

**DOC contact:**  
\_\_\_\_\_  
\_\_\_\_\_