



Rally New Zealand Volunteer Registration Form

PERSONAL DETAILS

Mr / Mrs / Ms / Miss

Name: _____ Surname: _____

Address: _____

Day Contact Ph No.: _____ Mobile Ph No. _____

E-Mail: _____

AGE: Under 18 Years* 18–30 Years 30–40 Years 40–50 Years +60 Years

*If you are under 18, we require your Parent/Guardians written permission. Please enclose this with your Registration Form.

VOLUNTEERS ROLE

Role Interested in: _____

Current Employment: _____

Experience/skills that can be used on event: _____

Do you a drivers License? YES NO Full / Restricted Manual / Automatic

Do you have you own transport? YES NO

Do you have any Health issues that we need to be aware of? _____

NEXT OF KIN (in case of an emergency, please provide details of your next of kin)

Emergency Name: _____ Emergency Contact: _____

The information contained in the form will be compiled in the Rally New Zealand Volunteers Database. I give my consent for this information to be used by Rally New Zealand.

Signature: _____ Date: _____