



Fullstop Volunteer Enrolment Form Van Team

Name:

Date

Address:

Phone:

Cell:

E-Mail:

Date of Birth:

Next of Kin/Emergency Contact

Name:

Address:

Phone:

Cell:

E-Mail:

Relationship:

ROSTER PREFERENCE: Please select

Monday Tuesday Wednesday Thursday Friday Saturday
Weekly Fortnightly Monthly

Any medical or Disabilities noted

Do you have a current First Aid Certificate

Yes

No

Expiry date

Do you have a current driver's license?

Yes

No

If yes are you over the age of 25

Yes

No

If yes and over the age of 25yrs would you like to be nominated a Van Driver?

Yes

No

Date of Birth

Please sign each of the below points to ensure that you have read and understand them, if you have any questions please contact Meari Vickers ph 0273731416, 07548 0398 or fullstop@xtra.co.nz:

Police Vetting is essential for all volunteers who go out into the community in the Fullstop Van. The NZ Police Vetting Service has a new Request and Consent Form which will need to be completed. Please complete page 3a and 4, sign and date then return to me with this completed Van Enrolment Form.

Signature _____

I will report any incident or accident whilst out with the Fullstop Van to the Leader. This will be logged on the daily run sheet for the safety of all parties concerned.

Signature _____

It is not appropriate for Fullstop volunteers to have personal contact with the children outside of the Van runs. If, you are likely to be in such a situation, whereby, you do have personal contact with the children and their families it is ESSENTIAL that you first approach the Fullstop co-ordinator to discuss the situation. This is for your own protection and safety.

Signature _____

I understand that any names or information given out while out with the Fullstop Van is confidential and will not be shared with any other person outside the Fullstop project.

Signature _____

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Office Use:

Induction for Van delivery completed on the _____ by _____