

H²O XTREAM SUMMER 2016/17 HOLIDAY PROGRAMME VOLUNTEER LEADER APPLICATION FORM

Please complete the form and return to Carolyn Rawdon at H²O Xtream. If you have any queries please call Carolyn Rawdon on 04 529 0081, 027 280 6767 or email: carolyn.rawdon@uhcc.govt.nz.

PLEASE NOTE: IF YOU HAVE NOT HELPED OUT ON OUR HOLIDAY PROGRAMME PREVIOUSLY, YOU WILL HAVE TO BE POLICE CHECKED BEFORE YOU CAN START ON THE PROGRAMME. PLEASE FILL IN POLICE FORM AND BRING IN ID. DUE TO PROCESSING DELAYS APPLICATIONS MUST BE IN BY MONDAY 7 NOVEMBER 2016.

Name:					Date of B	irth:			Age:	
Home pho	one:				Mobile: _					
Email:										
Address: _										
_										
- Which pro	gramme d	lo you prefe	er? Hang	10:	Surfs Up:	 Both:	(plea	ıse tick)		
		owever we wil						,		
Have you	worked on	n a holiday p	orogramme	before: Y	es:	No:	H ² O:	(please tic	k)	
Where dic	l you hear	about volur	nteering? (F	Please tick)						
UH Leade	r: F	riend:	H ² O Rec	eption:	Othe	r: (please s	pecify)			
		ef description		•			,			
			-	, , , ,		9				
Please pro	vide the n	ames of two	persons y	ou are willi	ng for us to	contact a	s your refere	ees:		
Name:				_ Position	n:		Phone:			
Name:	Name:				1:		Phone:			
Please tic	k your avai	ilability in th	e boxes be	low:						
MON	TUES	WED	THURS	FRI	MON	TUES	WED	THURS	FRI	
19 Dec	20 Dec	21 Dec	22 Dec	23 Dec	2 Jan	3 Jan	4 Jan	5 Jan	6 Jan	
9 Jan	10 Jan	11 Jan	12 Jan	13 Jan	16 Jan	17 Jan	18 Jan	19 Jan	20 Jan	
23 Jan	24 Jan	25 Jan	26 Jan	27 Jan	30 Jan	31Jan	1 Feb	1 Feb	3 Feb	
Programm	ne. I decla		e not beer	n investigat	ted by the	Police or c	h H ² O Xtrec ome to the			
Signed: Date:								_		
Parent sig	n if volunte	er is under	8 years:					_		