

# MURIWHENUA WELLBEING FESTIVAL 2024

# VOLUNTEER REGISTRATION FORM

Thank you for your interest in volunteering at the Muriwhenua Wellbeing Festival. Volunteers play a crucial role in making this event a success. Please fill out the form below to register as a volunteer.

## PERSONAL INFORMATION

|                |  |
|----------------|--|
| Full Name:     |  |
| Date of Birth: |  |
| Phone Number:  |  |
| Email Address: |  |

## AVAILABILITY

|   |  |  |  |
|---|--|--|--|
| Which shifts are you available to volunteer?<br><i>(Please select all that apply)</i> | <input type="checkbox"/> Morning Shift<br>(7:00 AM – 12:00 PM) | <input type="checkbox"/> Afternoon Shift<br>(12:00 PM – 5:00 PM) | <input type="checkbox"/> Full Day<br>(7:00 AM – 5:00 PM) |
|   | Other (please specify)   |  |  |

## VOLUNTEER ROLES

|  |   |   |   |
|--|---|---|---|
| Please indicate your preferred volunteer roles. (You may select more than one) | <input type="checkbox"/> Event Setup and Breakdown      | <input type="checkbox"/> Information Booth                | <input type="checkbox"/> Assisting Stallholders |
|  | <input type="checkbox"/> Crowd Management               | <input type="checkbox"/> First Aid Support                | <input type="checkbox"/> Stage Management       |
|  | <input type="checkbox"/> Waste Management and Recycling | <input type="checkbox"/> Parking and Traffic Coordination | <input type="checkbox"/> Children's Activities  |
| Other (please specify)   |   |   |   |

## SKILLS AND EXPERIENCE

|   |   |
|---|---|
| Do you have any specific skills or experience that would be helpful in your volunteer role? | (e.g., First Aid Certification, Event Management, Customer Service, etc.) |
|---|---|

## T-SHIRT SIZE

Please select your T-shirt size (Volunteer T-shirts will be provided):

- Small     Medium     Large  
 XL     2XL     3XL  
 4XL     5XL     6XL

## HEALTH AND SAFETY

Do you have any health concerns or conditions we should be aware of?

- Yes     No

If Yes, please provide details:

## EMERGENCY CONTACT INFORMATION:

Name:

Relationship to You:

Phone Number:

## AGREEMENT

By submitting this form, you agree to abide by the guidelines set forth by the Muriwhenua Wellbeing Festival organizers and to perform your volunteer duties to the best of your ability.

**SIGNATURE:**

**DATE:**

Thank you for your willingness to contribute to the success of the Muriwhenua Wellbeing Festival. We will contact you with further details and your volunteer schedule.

If you have any questions, please reach out to Damyian Windleborn-Rawiri, 021 728 913.

Please submit the completed form by **20 September 2024**, to [thevents@tehikuhauora.nz](mailto:thevents@tehikuhauora.nz).