



NZage group

U17 NETBALL CHAMPIONSHIPS

VOLUNTEER APPLICATION FORM July 13 -17, HATAITAI, WELLINGTON

FAMILY NAME: _____ FIRST NAME: _____

ADDRESS: _____

POST CODE: _____ DATE OF BIRTH: ____ / ____ / 19__

PHONE (H): _____ PHONE (W): _____

MOBILE: _____ EMAIL: _____

DIETARY REQUIREMENTS: _____

SHIRT SIZE (Sizes): S M L XL XXL (Please Circle)

DO YOU HAVE A CURRENT DRIVERS LICENCE? YES / NO
DO YOU HAVE YOUR OWN TRANSPORT? YES / NO (Please Circle)
DO YOU REQUIRE A CAR-PARK AT THE EVENT? YES / NO

PLEASE INDICATE YOUR PREFERRED AREA: (With 1 being your first choice and 3 being your last)

- 1) INFORMATION SERVICES _____
Administration, media and office
- 2) FIELD SERVICES _____
Ground management, spectator / traffic control and facility set up / breakdown
- 3) OFFICIATING _____
Scorers, Umpire liaison and functions
- 4) CATERING _____
Preparing and packing lunches for teams, volunteers and the public and serving customers

PLEASE GIVE BRIEF DETAILS OF ANY RELEVANT EXPERIENCE:

WHERE DID YOU HEAR ABOUT THIS VOLUNTEER OPPORTUNITY (Please Circle)?

Local Newspaper Friend Relations involved in organisation Website
Other: _____

PLEASE PROVIDE ONE EMERGENCY CONTACT

NEXT OF KIN (1): _____ RELATIONSHIP: _____

PHONE (H): _____ (W): _____

Volunteer Availability

Please indicate below with (X) the times you are available to assist with the event. (Preference will be given to those volunteers who can commit for the whole week. If you cannot complete a full shift please write in the times that you can make it.

Date	8am -1pm	1-5pm	Tasks
Mon 13 July	Set Up/NWR/NWC/NNZ Staff		
Tues 14 th July			
Wed 15 th July			
Thu 16 th July			Thank you function
Fri 17 th July			Finals Day/Pack down

What will be provided for as a volunteer.

- 1 A car-park will be provided for those who need one.
- 2 Accreditation passes for the event
- 3 Event branded apparel will be provided for volunteers
- 4 A "Thank-you" function during the event
- 5 Food will be available for volunteers

I have read the dates which volunteers are required and indicated my availability as per the attached schedules.

NAME: _____

SIGNATURE: _____

DATE: ____ / ____ / 2009

**APPLICATION FORMS MUST BE
RETURNED TO:**

Netball Wellington Region

Phone: (04) 389 0215

Fax: (04) 801 8976

Email:

[netballwellingtonregion@paradise.net
.nz](mailto:netballwellingtonregion@paradise.net.nz)

VOLUNTEER APPLICATION FORMS TO BE RETURNED BY MONDAY 6 JULY 2009.