



## **Organisation Information:**

Organisation Name:			
Branch: (if applicable)			
Street Address:	Postal Address: (if different from street address)		
Email:	Phone:		
Website:			
Contact Information:			
President/Chairperson:			
Volunteer Manager/Coordin			
Phone:	Email:		
Financial Contact:			
Phone:	Email:		
To qualify for registration you must be a non profit Organisation. Please tick the legal status of your Organisation:			
<ul> <li>○ Incorporated Society</li> <li>○ Characteristics</li> </ul>	ritable Trust O Other (please state)		
What is the objective/goal of your Organisa	ntion? ie. What do you do?		
The Privacy Act 1993: Volunteer Kapiti undertakes to collect, use and store the information provided on this form according to the principles of the Privacy Act 1993. The information will be used by Volunteer Kapiti in recruiting and referring potential volunteers to the Organisation as well as for statistical, funding and administration purposes within Volunteer Kapiti. By signing this form you are agreeing to also become a member of Volunteer Kapiti.			
Name	Position		
Signed	Date		
PHONE: 04 905 8884 / 06 364 6887 WEB: WWW.V	DLUNTEERKAPITI.ORG.NZ EMAIL: INFO@VOLUNTEERKAPITI.ORG.NZ		

## 'Creating Community Connections'



## **Organisation Release**

- Our Organisation accepts the responsibility of evaluating applicants for appropriate
  placement in our Organisation. At no time does a referral imply a recommendation of
  specific applicants on the part of Volunteer Kapiti.
- The final decision on the placement of a Volunteer rests with our Organisation.
- In consideration for referring prospective volunteers to meet the needs of our Organisation, we hereby voluntarily assume all risk and release Volunteer Kapiti from any claim, liability or demand of any kind which may arise as a result of action, or failure to act, of any prospective Volunteer referred by Volunteer Kapiti to our Organisation.
- Our Organisation agrees to pay the annual membership fee of \$75.00. The fee will be waived for the first year of membership and then invoiced annually on the anniversary of the join date.

Name of Organisation:		
President/Chairperson:		
Signed:	Date:	
Organisation Manager/Coordinator:		
Signed:	Date:	
OFFICE USE ONLY Organisation ID:	# Entered By:	Date:

PHONE: 049058884/063646887 WEB: WWW.VOLUNTEERKAPITI.ORG.NZ EMAIL: INFO@VOLUNTEERKAPITI.ORG.NZ