



TE IHI, TE WEHI, TE WANA WĀNANGA- WAIPAHIHI MARAE TAUPO- 14-16 JULY 2015

MATAKŌKIRI VOLUNTEER/ KAIHAPAI FORM			
Name:			
Address:			
Phone:		Mobile:	
Email:			
YES	NO	I am able to attend the pre-wānanga meeting after 4:30pm.	
YES	NO	I am able to volunteer my services every day.	
YES	NO	I am able to volunteer my services only on certain days. Please remember that there is an expectation whanau will need to have a whanau member stay overnight with your tamariki/ tamaiti. (please specify below)	
		TUES: <input type="checkbox"/>	WEDS: <input type="checkbox"/>
		THURS: <input type="checkbox"/>	
I prefer to work with this age group (please number in preferred order 1-3)			
7-9 yr olds _____		10-12 yr olds _____	13-15 yr olds _____
YES	NO	I am qualified to apply First Aid.	
Signed: _____ Date: _____ (Parent/Guardian)			