

Kakapo Volunteer Questionnaire



Confidential

The information provided on this form will be assessed for suitability for the volunteer position. The form will be kept strictly confidential in accordance with the Department's Health Monitoring Programme and Volunteers for Conservation Standard Operating Procedure.

Volunteer to note: The purpose of this questionnaire is to help determine whether:-

- The work is likely to adversely affect your health.
- By doing the work you would be a risk to yourself and/or others.
- The Department needs to be aware of any reasonable adjustments required in the work programme, to avoid you being placed at a disadvantage.
- The work is within your physical and mental capabilities.
- You are fit for the work and the demands it may put on you.
- You may be required to undertake an occupational health examination following this assessment. This questionnaire may be made available to your medical practitioner.

Volunteers participating in the **Anchor Island** Kakapo Programme will be undertaking work in a remote and sometimes hostile environment with limited direct medical assistance and, due to weather, potential delays in evacuation should a medical emergency arise.

Anchor Island is a very steep and rugged island, with lightly marked tracks that are wet, muddy and rough. Weather conditions on the island are often wet and cold for days on end and there is limited capacity to dry gear. Volunteers are required to have good navigation and map reading skills and will be required to carry 10-20kg packs every day for up to 8 hours a day. It is therefore paramount that volunteers have a **high level of fitness**. When filling out this questionnaire please answer the questions with this in mind.

Due to the importance of the work being carried out, volunteers who arrive on the island without the level of fitness they have stated on this form and who are unable to carry out their duties, will require a self funded flight off the island (approx \$1500). Note this does not apply to people who are fit for purpose but become injured whilst on the island.

Volunteers participating in the **Codfish Island/Whenua Hou** Kakapo Programme will be undertaking work in a remote environment with limited direct medical assistance and, due to weather, potential delays in evacuation should a medical emergency arise.

Codfish Island is a moderately steep island and volunteers will be required to carry 10-20kg packs every day for up to 8 hours a day. It is therefore paramount that volunteers have a **good level of fitness**. When filling out this questionnaire please answer the questions with this in mind.

Due to the importance of the work being carried, volunteers who arrive on the island without the level of fitness they have stated on this form and who are unable to carry out their duties, will require a self funded flight off the island (approx \$500). Note this does not apply to people who are fit for purpose but become injured whilst on the island.

APPLICANT NAME:

VOLUNTEER INFORMATION

Please list in order of preference the volunteer opportunities and dates you are applying for (Please note if you are flexible with the dates):

Role:	Dates:
.....
.....
.....
.....
.....

PREVIOUS CONSERVATION VOLUNTEERING EXPERIENCE

Previous conservation volunteering experience and date(maximum three):

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.....

RELEVANT SKILLS AND EXPERIENCE

Skills and Experience (please tick those relevant to you):

- Backcountry navigation, including GPS use
- Animal pest control/ trapping
- Wildlife monitoring/telemetry
- Wildlife handling/care
- GIS/Information systems
- Track building/maintenance
- Cooking/ catering
- Trade skills (electrician, builder, plumber):.....

ADDITIONAL COMMENTS RELEVANT TO MY APPLICATION

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MEDICAL HISTORY

Do you have, or have you had, any of the following conditions that could affect your ability to do the work? If you answer Yes please give details in the space provided or on an additional sheet if required.

Medical Condition	YES	NO
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Back sprain or strain, knee or ankle injury
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Repetitive strain injury/occupational overuse syndrome

Skin condition caused by UV exposure or exposure to chemicals

Cancer of any kind (exposure to sun, exposure to chemicals, etc.)

Infection from working with sewerage, animals, or body recovery

Allergies, past or present, incl. food and chemicals

Any other condition that may impair your ability to do the work OR pose a risk to other team members OR pose a risk given communal living circumstances? e.g. infectious disease, heart condition, asthma, epilepsy, chest pain, weak joints, diabetes.

Please briefly describe your current weekly fitness activities.

Please briefly describe your previous experience tramping and/or working in the backcountry or remote areas.

How would you describe your current level of fitness in relation to carrying a 20kg pack for up to 8 hours a day?

PLEASE TURN OVER

1. Have you had a full course of Tetanus vaccination? Yes- last date: / / No
 (if 'no', you are to start a full vaccination series, if 'yes' have a booster if more than 10 years ago)
2. Have you ever had Hepatitis A (Yellow Jaundice)? Yes No
 (if 'yes' confirm with blood test for Hepatitis A IgG)
3. Have you had a full series of 3 vaccinations for Hepatitis B? Yes No
4. Have you had allergic reactions to any medications or vaccinations in the past?
 Yes No If yes, specify.....
5. Have you suffered from any chronic illness?
 Yes No If yes, specify.....
6. Are you currently taking any medication?
 Yes No If yes, specify.....
7. Do you have any special dietary requirements?
 Yes No If yes, specify.....
8. Island applying for
 Anchor Island Codfish Island
9. Are you happy to supply a referee that can verify your suitability for the position?
 Yes No If yes, please provide contact details below
 Name:.....
 Email:.....
 Phone:.....

PERSONAL DETAILS IN CASE OF EMERGENCY

Please note the provision of this information is voluntary and will be kept confidential to be used in emergency situations and for our standard security check only. This information will be destroyed when your period as a volunteer with the kakapo programme is over.

YOUR DETAILS

Surname: First name(s):
Residential address:
.....
Residential telephone number: Date of birth:.....

NEXT OF KIN WHOM YOU AUTHORISE THE DEPARTMENT TO CONTACT IN AN EMERGENCY.

Surname: First name(s):
Relationship: Residential telephone number:.....
Residential address:
.....
Place of work and
address:.....
..... Work telephone number:

MEDICAL INFORMATION IN CASE OF EMERGENCY

Please provide details of any pre-existing medical conditions (e.g. asthma, heart conditions), allergies (e.g. bee stings, food allergies), and any medication you are taking. This information will be notified to medical personnel in case of your being involved in an accident or other medical episode.

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MEDICAL/FIRST AID EXPERIENCE

Do you have any medical/first aid experience that would be useful in an emergency situation? Y/N Details:

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Signature:..... Date:

APPLICANTS DECLARATION

- I declare that the above information is, to my knowledge, a true and accurate account of my past and present health.
- I understand that based on the information contained in this form, that should I be required to undertake a medical examination and should I not pass, I may be not be able to participate in the kakapo volunteer programme on the grounds of health and safety.
- I consent to undertaking an occupational health examination should that be necessary
- I have read and understood the Term of Conditions for kakapo volunteers as listed on the kakapo website <http://www.kakaporecovery.org.nz/volunteers>
- I understand that if it is found that I am unable to cope with the fitness requirements once on the island, I will be required to be flown off at my own expense.
- I consent to this form being released to the managers of the kakapo team.

Signature of Applicant Date/...../.....

Name.....

Please return this form to: Kakapo Volunteer Co-ordinator, Department of Conservation, P.O. Box 743, INVERCARGILL 9840