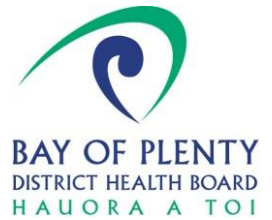


**Dear Applicant**

**Tena Koe**

Thank you for showing an interest in working at the Bay of Plenty District Health Board as a Volunteer and taking the time to complete this application form. All information that you provide will be treated confidentially. Please return your completed application form to:



Lesley Grant  
Regional Manager Volunteer Service  
Tauranga Hospital  
Private Bag 12024  
Tauranga 3143

**OR**

Email by clicking the button at the bottom of the last page

<b>BOPDHB Volunteer Application Form</b>		
<b>PERSONAL INFORMATION</b>		
Title: <i>(Please tick box)</i>	Mr	Mrs Miss Ms Dr
First name(s):	Preferred name:	
Last name:		
Date of Birth:	Gender:	
Postal Address:		
	City:	Post Code:
Contact details: <i>Please circle your preferred way of being contacted for regular communications</i>	Home phone no.	Mobile no.
	Work phone no.	
	Email Address:	
Emergency Contact:	Name:	Ph:
	Relationship:	
Current occupation:		
What is your nationality?		
Is English your first language?	Yes	No
What other languages do you speak?		
Are you available as an interpreter if necessary?	Yes	No

I understand that commitment is the foundation for success of any volunteer program and agree to serve the BOPDHB as a volunteer under normal circumstances, for a period of:

6 months

12 months

18 months

24 months

Please tell us why you would like to be a volunteer and where you learnt of our service. List any other volunteer experience. What qualities and experience do you bring?

Special interests, hobbies and memberships:

**AVAILABILITY**

Days:      Monday      Tuesday      Wednesday      Thursday      Friday

Shifts:      Morning      Afternoon  
                 Flexi Team

Location:      Tauranga Hospital      Whakatane Hospital

**HEALTH**

Are there any health problems / physical limitations which might limit your ability to work as a volunteer? If yes, please give details.

Yes                      No

Do you have any recent or current experience either personally or in your family of hospitalisation or serious illness? If yes, please give details.

Yes                      No

**CONVICTIONS**

Have you ever been convicted of a criminal offence or been the subject of a professional disciplinary inquiry?

Yes                      No

If yes, please give details:

**REFEREES** - Please give details of **TWO referees** whom you authorise us to contact.

Name: \_\_\_\_\_ Role: \_\_\_\_\_  
Organisation: \_\_\_\_\_ Preferred contact time: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to referee: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_  
Organisation: \_\_\_\_\_ Preferred contact time: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to referee: \_\_\_\_\_

I understand that I will receive orientation to be a BOPDHB Volunteer.

I understand that I will be required to agree to abide by the organisation's policies and principles, relating to volunteers

I understand that all successful applicants are required to have police check and health clearance before being accepted for a Volunteer Programme.

I understand that I will be required to wear a uniform and ID name tag during my duty as a volunteer in the organisation. Both of which are returnable upon my resignation.

I declare that to the best of my knowledge the answers in this application are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I have already commenced, I accept that my services may no longer be required.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICATION TRACKING** (BOPDHB Office use only)

Acknowledged: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_ Applicant No: \_\_\_\_\_

Interviewed: YES NO Date: \_\_\_\_\_

Comments:

Applicant advised: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_