

Dear Applicant

Tena Koe

Thank you for showing an interest in working at the Te Whatu Ora Hauora a Toi Bay of Plenty 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:

Reihana Marx
 Kai Tuitui Manaaki- Volunteer Coordinator
 Tauranga Hospital
 Private Bag 12024
 Tauranga 3143

OR

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

Hauora a Toi Bay of Plenty Volunteer Application Form

PERSONAL INFORMATION	
Title: <i>(Please tick box)</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What other languages do you speak?	
Are you available as an interpreter if necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 Hauora a Toi Bay of Plenty 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 (Hauora a Toi Bay of Plenty Office use only)

Acknowledged: _____ Date: _____ By: _____ Applicant No: _____

Interviewed: _____ YES _____ NO _____ Date: _____

Comments:

Applicant advised: _____ Date: _____ By: _____