Te Whatu Ora Health New Zealand Hauora a Toi Bay of Plenty

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:

David McLeod 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: (Please tick box)	Mr	Mrs	Miss	Ms	Dr		
First name(s):	Preferred name:						
Last name:							
Date of Birth:			Ger	Gender:			
Postal Address:							
	City:		Pos	t Code:			
Contact details: Please circle your preferred way of being contacted for regular communications	Home phone no. Mobile no.						
	Work phone no.						
	Email Address:						
Emergency Contact:	Name:		Ph	Ph:			
	Relationship	o:					
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				

serve the BOPDHB as a volunteer under normal circumstances, for a period of:						
6 mc	onths	12 mont	hs	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 int	erests, hobbies	and members	ships:			
AVAILAB	II TY					
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.						
Ye		No				
	ve any recent o less? If yes, ple			ersonally or in you	family of hospitalisa	tion or
Ye		No				
CONVICTIONS Have you ever been convicted of a criminal offence or been the subject of a professional disciplinary inquiry?						
Ye	s	No				
	ase nive details:	_				

REFEREES - Please give details of TWO referees whom you authorise us to contact.							
Name:	·						
Organisation:		ne:					
Phone:							
Relationship to referee:							
Name:	Role:						
Organisation:	Preferred contact tin	ne:					
Phone: Relationship to referee:							
Treationship to referee.							
I understand that I will rece	eive orientation to be a Hauora a T	oi 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:	Ву:	Applicant No:					
Interviewed: YES	NO	Date:					
Comments:							
Applicant advised: Da	ate: By						