Health New Zealand
Te Whatu Ora

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:

Volunteer Coordinator
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:	Gender:	
Postal Address:		
	City:	Post 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:
	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:

AVAILABILTY

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:

PRINT **EMAIL: Volunteering@bopdhb.govt.nz** **CLEAR FORM**