



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: \_\_\_\_\_