Waikato District Health Board
Te Hanga Whaioranga Mō Te Iwi – Building Healthy Communities

Volunteer Application Form

Thank you for your interest in becoming a volunteer. All information on this form is confidential and will not be disclosed to another party for any other reason.

Please scan and email your completed form to Volunteers@waikatodhb.health.nz or post your form to:

Volunteer Service
Wilson Building
Waikato District Health Board
Private Bag 3200
Hamilton

YOUR DETAILS

Last name (Mr / Mrs / Ms / Miss) ……..…..… First Name ……..……...

Preferred Name……. Gender……..

Address ……...…….…… Suburb……..

City……Post Code……. Date of Birth……..

Day Phone …….. Evening Phone…….

Email ……

CONTACT IN AN EMERGENCY

Name……. Relationship…….

Phone (Home)…… (Mobile)……

REFEREE: Please supply the details of one referee who will be willing to support your application (*not a family member*).

Name……. Relationship…….

Contact Phone …….. Best time to contact……..

POLICE CHECK

A police check is required for all volunteers. Volunteering for the Waikato District Health Board may involve you interacting with vulnerable people or children. A prior criminal conviction may not preclude you from being involved as a volunteer, but a failure to reveal criminal convictions may do so.

Have you ever had a criminal conviction? ☐ Yes ☐ No

HEALTH

Do you have any health/physical limitation which may restrict your ability to work in some areas?

……..……

……

The following questions are for statistical purposes only:

Where did you find out about volunteering with the Waikato District Health Board?
☐ Waikato DHB website ☐ Word of Mouth ☐ Volunteer Centre
☐ Facebook ☐ Another Organisation ☐ Other…….....

What ethnicity do you most strongly identify with?
☐ NZ European / Pakeha ☐ Maori ☐ Pacific Island ☐ Other……

YOUR SKILLS AND INTERESTS

Why are you interested in becoming a volunteer for Waikato District Health Board?
……
……
……

List any experience you have working with people and any previous volunteer or community service that you feel is relevant:
……
……

Is English your first language? ☐ Yes ☐ No

What other languages do you speak? .....

What skills and abilities do you consider your strengths? .....
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……
……

Waikato hospital requires volunteers within the following time slots. Please tick which times you are able to commit to.

Week Day	8.30am – 12.30pm	12.30pm- 4.00pm	4.00pm – 7.00pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

ORIENTATION AND TRAINING

We induct, orientate and train all our volunteers depending on the role they are matched to.

DECLARATION AND DISCLOSURE (Please tick).

☐ To the best of my knowledge the information contained in this application is correct.
☐ I agree that my personal information may be disclosed in a personal emergency if necessary.
☐ I understand that I will be required to attend and complete a training course for volunteers at Waikato Hospital.

Signed ……..…… Date …….……