



BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Application to become a Volunteer at Tauranga Hospital

Thank you for your interest in becoming a volunteer. Please fill in this application form (each page) and return to the address overleaf. Answer all questions in pen.

Surname:.....**First Name:**.....

Preferred Name:.....

Home Address:.....

Day Phone:..... **Evening Phone:**.....

Email:.....

Date of Birth:.....

What languages do you speak?.....

Why are you interested in becoming a Volunteer at Tauranga Hospital?

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.....
.....

List any experience you have working with people and any experience that you feel is relevant:

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.....
.....

Health:

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

.....
.....

References:

Tauranga Hospital is committed to the protection of patients by providing a safe environment. Please give the names of two people we may contact who have known you for more than one year. We may contact these referees to ask about your ability to work with people in the Hospital environment.

Name:.....

Address:.....

.....

Telephone No.: Business:.....

Home:.....

Capacity in which you are known to this

person:.....

Name:.....

Address:.....

.....

Telephone No.: Business:.....

Home:.....

Capacity in which you are known to this

person:.....

Have you ever been convicted of a criminal offence, or current action pending that could result in a criminal offence?

- Yes**
- No**

If Yes what does this relate to?

.....

.....

Do we have your permission to publish your name and phone number(s) on the Volunteer Phone List?

- Yes**
- No**

I understand that I will receive training on the BOPDHB Volunteer Programme.

I understand that I will be required to agree to abide by the organisations policies.

I understand that all successful applicants are required to have security clearance before being accepted for a Volunteer Programme.

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.

Signed: _____

Date: _____

All information given on this form will be absolutely confidential to Bay of Plenty District Health Board.

Please place a tick (✓) beside the area/s you would prefer to volunteer in:

Health Records	Hospital Hosts / Meet and Greet
Friends of Wards	Car Parking
Cart Driver	Concierge / 5 minute parking

Please return this form, together with the signed volunteer agreement of confidentiality, to:

**Non Clinical Services Manager
Bay of Plenty District Health Board
Private Bag 12024
Tauranga 3143**

VOLUNTEER AGREEMENT OF CONFIDENTIALITY

A Volunteer shall not, during the term of provision of services to the BOPDHB or at any time thereafter, except so far as may be necessary for the proper performance of the volunteer's duties and responsibilities, or as may be required by law:

- i) Disclose to any other person, other than to an authorised member of the BOPDHB staff, any confidential, sensitive or patient knowledge or information concerning the business, affairs, property or other activities of the BOPDHB which has come to the volunteers knowledge in the course of the performance of the volunteer
- ii) Disclose to any other person, other than to an authorised member of the BOPBHB staff, any personal information or any information concerning the condition or medical history of any patient who is receiving or has received services provided by the organisation with the prior consent of the patient or the patient's representative.
- iii) Disclose to any person other than to an authorised member of BOPDHB staff, any personal information concerning current, potential or past employees of the BOPDHB (excepting where that individual has authorised the release of such information).
- iv) Disclose to **any** person your BOPDHB network logins and passwords.
- v) Use of or attempt to use any of the information specified above for the volunteer's own benefit, or for the benefit of any other person or organisation, or in any manner whatsoever.
- vi) Breaches of confidentiality will be considered to be **serious breaches of the contractual relationship between the Parties and may result in the termination of the Contract.**

You should note that this does not prevent free speech or speaking out on matters of professional or ethical concern.

Name of Volunteer

Signature: _____ Date _____