



HOSPITAL VOLUNTEER APPLICATION FORM

NAME:

(Surname)

(First Names)

EMAIL ADDRESS: _____

BIRTHDATE: _____

HOME ADDRESS:

TELEPHONE NO: _____

EMERGENCY CONTACT NAME & TELEPHONE NO:

DAYS: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

SHIFTS: 9am - 12pm 12pm - 3pm 3pm - 6pm 6pm - 9pm 9pm - 12am

LOCATION: Wellington Hospital Kenepuru Hospital

INTERESTS AND EXPERIENCE:

Why are you interested in becoming a volunteer in the Hospital? Where did you learn of our service?

Special interests, hobbies and memberships:

List other volunteer experience:

HEALTH:

Are there any health problems / physical limitations which might limit your ability to work as a volunteer?

Yes No

Do you have any recent or current experience either personally or in your family of hospitalisation or serious illness?

Yes No

Do you have any criminal convictions?

Yes No

REFERENCES:

The hospital is committed to the protection and privacy of our patients. Their interests and welfare are paramount. Please give us the names of two people we may contact who have known you for more than one year.

Do we have your permission to contact your referees? Yes No

Name:

Email:

Telephone No:

(Business)

(Home)

Capacity in which you are known to this person:

Name:

Email:

Telephone No:

(Business)

(Home)

Capacity in which you are known to this person:

DECLARATION:

I understand that I will be required to attend an orientation day for hospital volunteers.

I understand that I will have to undergo a police check.

I understand that the first month will be a probationary period.

I understand I will be required to wear a uniform and agree to abide by the hospital's policies and principles, relating to volunteers.

Signed:

Date: