

VOLUNTEER APPLICATION FORM

Application Form to join as a Volunteer: CONFIDENTIAL

General Information

- Please personally complete this application form in your own writing.
- If successful, this information will be retained by NZBS. You are entitled to access all personal information upon request.
- All information is requested in accordance with the Privacy Act 1993, and the Human Rights Act 1993.

Applicant to Complete

Surname: _____ **Title:** _____

First Name: _____ **Address:** _____

Home Phone: _____

Mobile Phone: _____

Location: _____

If applicable, may we contact you during working hours? Yes No Phone Number: _____

Please indicate why you are interested in joining our Volunteer Team at New Zealand Blood Service and give details of any information, skills and experience which may be relevant to the position applied for. This may include membership in voluntary organisations, hobbies, interests, etc.

Are you a current Blood Donor Yes/ No Past Donor Yes/ No

General

I would prefer to undertake volunteer duties at the Blood Donor Centre in _____ or at Mobile venues in the following areas: _____

I would prefer to have a regular day and times allocated to me Yes No

The times I am available are:

Day	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

I would be available at additional times if required on short notice. Yes No

How did you learn of this role? _____

What is the earliest date you can take up the duties for this role? _____

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Health

Do you have any condition/s that may affect how you undertake the duties? Yes No

If yes, please provide details

Do you have any injury or medical condition caused by gradual process, disease or infection which the job may aggravate e.g. sensitivity to chemicals or repetitive strain injuries? If yes, please provide details Yes No

Do you have a pacemaker? Yes No

NB: Some equipment within our laboratory and donor floor will affect pacemakers

Is there any reason which would bring into question the desirability of your appointment as a Volunteer with NZBS, such as any **criminal offences** which you have been charged with and pending trial or have been convicted or **dismissal** from any employment. If yes, please provide details Yes No

Referees

Name	Relationship to Applicant	Title	Business Address and Phone Number

Next of Kin: _____ **Relationship:** _____

Phone No: _____

Declaration

I declare that the information I have supplied in this application is true and correct to the best of my knowledge. If I am accepted as a Volunteer and the foregoing information is incorrect it may result in the termination of my responsibilities as a Volunteer.

I consent to New Zealand Blood Service **seeking confidential verbal or written information** about me from my nominated referees, relating to my application to become a volunteer and authorise the information sought to be released.

Surname: _____ **First Name:** _____

Signature: _____ **Date:** _____

Note: The information supplied will be held in a secure place.
Please send your application form to your nearest site and we will contact you.