



SOUTH WAIKATO COMMUNITY HEALTH TRANSPORT INC

VOLUNTEER INFORMATION FORM

PERSONAL DETAILS	
Full Name:	
Date of Birth:	Gender:
Address:	
Town:	Post Code:
Email Address:	
Mobile Telephone:	Home Telephone:
Preferred contact method:	

VOLUNTEER HISTORY		
1	Have you volunteered as a driver / support person with Red Cross?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Have you previously been a volunteer with another organisation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered yes to question 2, please provide details below:		

DRIVING HISTORY		
1	Are you willing to use your private vehicle - which has to be reliable, registered, warranted and fully insured -, to transport clients to and from medical appointments when the SWCHT vehicles are all in use	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Drivers Licence No.:	
	Expiry:	
	Classes of Licence held:	
	Conditions on Licence (if any):	

BEHAVIOURAL HISTORY		
1	Have you completed a Ministry of Justice Criminal Record Check or Police Check for your current employer or another organisation in the last 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Have you been convicted of a criminal offence, and/or subject to disciplinary proceedings of a professional body?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Have you been convicted within the last 7 years, or are you currently awaiting criminal proceedings for any driving related offences in New Zealand or overseas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Have you ever received diversion under the New Zealand Police diversion scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Have you been convicted within the last 10 years, or are you currently awaiting criminal proceedings for any offences (other than for driving) in New Zealand or overseas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Are you currently subject to any criminal investigation or charges in New Zealand or overseas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have answered yes to any of the above questions, please provide details below:		

REFEREES

Please list two character referees (excluding family or someone that is currently in the same household)

1	Name:	Relationship to applicant:
	Email:	Telephone:
2	Name:	Relationship to applicant:
	Email:	Telephone:

DECLARATION

I, (*full name*) _____ declare that the information provided on this form is accurate and true and no relevant information has been omitted.

I understand that:

- As a driver or volunteer for the South Waikato Community Health Transport Inc (SWCHT) I will adhere to all the points listed in the document SWCHT Inc Responsibilities and Requirements.
- That any information about clients that is given to me for the purpose of driving or supporting for the SWCHT will be treated with confidentiality.
- If the need arises, as a condition for the ongoing funding from the Waikato DHB or any other funding organisation, I may be asked to complete a Ministry of Justice Criminal Record Check.
- If I have an accident with my private vehicle, while driving for SWCHT Inc, the Society will pay the excess on my insurance up to the amount of \$1000.

I also declare that:

- I have read and understand the document SWCHT Inc Responsibilities and Requirements and the document SWCHT Inc General Information, Notes and Instructions.
- In my dealings with others, be they clients, other volunteers, hospital and other medical staff or members of the public, I will act with impartiality, be non-judgemental and compassionate.

Signature:

Date:

We respect your privacy and adhere to the Privacy Act 1993

The South Waikato Community Health Transport Inc. will keep your personal information for volunteering coordination purposes only. We will protect your personal information and not share it with anyone else. You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you'd like to ask for a copy of your information, or to have it corrected, please contact the Secretary.

Copy of Driver's Licence attached OR Driver's Licence sighted by:

Name and signature:

Date:

