



# VOLUNTEER SERVICES DEPARTMENT

## APPLICATION FORM

requires conversion to PDF

Please tell us about yourself

Please Print

Mr.  Mrs.  Ms.  Miss

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

I prefer to receive calls at: Home  Work  Cell

Best time to contact me \_\_\_\_\_

Birthdate (optional if >18 years of age, used for cards, mailings, statistics - mandatory if <18 years of age) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone # at home \_\_\_\_\_ Telephone # at work \_\_\_\_\_

Languages spoken: English  Ojibway/Ojicree   
French  Other  \_\_\_\_\_

**Please tell us about your education**

Your highest level of education obtained \_\_\_\_\_

Your major area of study (if applicable) \_\_\_\_\_

Other training courses you have completed \_\_\_\_\_

**Please tell us about your employment history**

Company Name/ Employer	Job Title	From	To	Reason for Leaving

**Special Skills/Training/Background**

Nursing  Clerical/Typing  Computer   
Music  Arts/Crafts  Retail   
Other  \_\_\_\_\_

**Please tell us about any previous volunteer experience you may have**

Organization	Position	From	To	Reason for Leaving

**Please list three references (past or present employers, volunteer coordinators, teachers, etc.). We cannot accept family members or personal friends as references.**

<b>Name</b>	<b>Organization</b>	<b>Position</b>	<b>How do you know this person?</b>	<b>Contact #'s</b>

**During which periods are you available to volunteer?**

<b>Time Periods</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<b>Mornings</b>							
<b>Afternoons</b>							
<b>Evenings</b>							

**Which volunteer programs are you interested in? (check all that apply)**

- |                            |                                     |                           |                                     |
|----------------------------|-------------------------------------|---------------------------|-------------------------------------|
| <b>Surgical Day Care</b>   | <input checked="" type="checkbox"/> | <b>Specialty Clinic</b>   | <input checked="" type="checkbox"/> |
| <b>Emergency</b>           | <input checked="" type="checkbox"/> | <b>Greeter Program</b>    | <input checked="" type="checkbox"/> |
| <b>Auxillary Tuck Shop</b> | <input checked="" type="checkbox"/> | <b>Water Delivery</b>     | <input checked="" type="checkbox"/> |
| <b>Art at the Bedside</b>  | <input checked="" type="checkbox"/> | <b>Friendly Visiting</b>  | <input checked="" type="checkbox"/> |
| <b>Walking Companion</b>   | <input checked="" type="checkbox"/> | <b>Mealtime Companion</b> | <input checked="" type="checkbox"/> |

**\*Note: To volunteer in the ER you must be 18 years of age or older and to volunteer on the inpatient unit you must be 16 years of age or older. Volunteers 14-16 years of age may volunteer as Greeters or may be utilized for special projects that do not involve direct patient contact.**

I hereby authorize the Volunteer Services Department of the Dryden Regional Health Centre to contact the above named references. I hereby release them and their hospital from all liability. I further authorize the Volunteer Services Department of the Dryden Regional Health Centre to maintain this information in their records. Volunteers are expected to respect confidential information and to honour the agreed upon commitment.

By signing this application I understand that I must work with and under the supervision of Volunteer Services and the Coordinator of Volunteer Services. I will abide by the policies and regulations of the Dryden Regional Health Centre. The hospital is not obligated to provide placement, nor am I obligated to accept the placement offered

Signature \_\_\_\_\_ Date \_\_\_\_\_