189 Elm Street

St. Thomas, ON N5R 5C4

519-631-2030

volunteers@stegh.on.ca

**VOLUNTEER APPLICATION**

□ Volunteer Services □ Auxiliary Member

|  |  |
| --- | --- |
| Name:  |  |
| Address: |  |
| City:  |  | Postal Code: |  |
| Phone #:  |  | Email: |  |
| Birthdate | Month: |  | Day: |  |  |
|  |  |
| **Emergency**  |  |  |  |
| **Contact** Name: |  | Phone: |  |
|  |  |
| **Employment Status** |
|[ ]  Employed |[ ]  SeekingEmployment |[ ]  Retired |[ ]  StudentSchool: |
|  |
| **What are your reasons for volunteering?** |
| [ ]  Put spare time to use | [ ]  Desire to help others |
| [ ]  Experience for health care career | [ ]  Establish work record |
| [ ]  Interested in community involvement |  [ ] Other: |  |
|  |  |  |
| **Time Availability**Preferred day/s of the week: | M | T | W | Th | F | S | Su |
|  |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Preferred time of day: | [ ]  Mornings | [ ]  Afternoons | [ ]  Evenings |
|  |  |  |  |
| **Service Area Interest:** |
| [ ]  Patient Escort | [ ]  Clinics | [ ]  Emergency Dept. | [ ]  Reminder Calls |
|  |
| **Have you ever worked or volunteered at STEGH?** |
| [ ]  No [ ]  Yes | Department: |  | # of years: |
|  |
| **If you have volunteered before, please complete:** |
| Name of Agency: |  |
| Volunteer Role: |  |
| Other Community involvement: |  |
|  |  |
| **Reference** *(do not include family or friends)* |
| Name: |  |  |
| Relationship: |  |  |
| email: |  |  |
| Phone: |  |  |
|  |
| Have you ever been convicted of a criminal offence for which you have not been pardoned?(*A criminal record does not automatically indicate ineligibility to volunteer, each case is individual*) |
| [ ]  Yes | [ ]  No | If yes, please specify: |  |
|  |
| If accepted as a volunteer, I agree to the following conditions of placement: obtain a 2-step TB test and update of immunizations, wear a hospital-issued photo ID badge, adhere to behaviours as outlined in the Confidentiality and Code of Conduct Agreements, participate in orientation / education programs, provide a current Vulnerable Sector Police Check Police Information check. |
| Applicant’s Signature: |  | Date: |  |
|  |



|  |
| --- |
| **FOR OFFICE USE ONLY** |
| Interview date: |  |
| Placement: |  |
| Orientation date: |  |
| ID Badge# |  |
| Volgistics # |  |