189 Elm Street

St. Thomas, ON N5R 5C4

519-631-2030

[volunteers@stegh.on.ca](mailto: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 | | | | | | | | | |  | | | | Seeking  Employment | | | | | | | |  | | | Retired | | | | | | | | |  | | Student  School: | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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: | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



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