

VOLUNTEER APPLICATION

Name:		
Address:		
City:		
Postal Code		
Phone #:		
Email:		
Emergency Contact Name:		
Emergency Contact 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:

Availability

	M	T	W	Th	F	S	Su
Preferred day/s of the week:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning (8am-12pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (12pm-4pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening (4pm-8pm) <i>EMERG ONLY</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Service Area Interest:

☐ Patient Escort
 ☐ Outpatient Surgery
 ☐ Emergency Dept.
 ☐ Reminder Calls
☐ Info Desk
 ☐ Clerical
 ☐ Chemotherapy
 ☐ Rehab

Other: _____

Have you ever worked or volunteered at STEGH?

☐ No
 ☐ Yes
 Department:

Volunteer Experience, if any:

Name of

Agency: _____

Volunteer Role: _____

Other

Community

involvement: _____

Reference (*preferably co-worker, leader*)

Name: _____

Relationship: _____

Email: _____

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: _____

Entering your name above constitutes your electronic signature.



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