



## VOLUNTEER APPLICATION FORM

For volunteer opportunities near you, we encourage you to visit the corresponding Health site in your community and submit your application.

Mr.  Ms.  Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

I prefer to receive calls at:  Home  Business  Cell Preferred time to call: \_\_\_\_\_

Are you 15 years of age or younger?  Yes  No If yes, please tell us your age: \_\_\_\_\_

Note: A Guardian Awareness Form must be completed by applicants 15 years or younger.

**Education** *Formal education is **not** required to be a volunteer. We welcome experience of all kinds!*

Are you currently a student?  Yes  No

*If you are currently a student, please complete this section:*

Name of School: \_\_\_\_\_ Grade Level/Year of Study: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

Are you receiving credit for your volunteer work?  Yes  No Required # of hours: \_\_\_\_\_ By when? \_\_\_\_\_

**If you are not currently a student, what is your highest level of education?**

- High School
- University/College: please specify degree/course of study: \_\_\_\_\_
- Trade/Business: please specify: \_\_\_\_\_
- Other: please specify: \_\_\_\_\_

## Employment History

Currently I am:  Employed  Unemployed  Retired  Homemaker  Student

Company Name/ Employer	Your job title	From (M/Y)	To (M/Y)	Reasons for Leaving

**Volunteer Work** Please list organizations in your community that you are involved with including community clubs, schools, religious organizations, professional associations, non-profit organizations, sporting organizations, etc.

Organization	Responsibilities	From (M/Y)	To (M/Y)	Reasons for Leaving

Have you ever volunteered with this organization before?  No  Yes When? \_\_\_\_\_

**Is there a specific site where you want to volunteer? What type of role are you interested in? Please describe:**

\_\_\_\_\_

### Check the skills and experience you have to offer:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Clerical, Organizational | <input type="checkbox"/> Facilitation                   | <input type="checkbox"/> Training/Education     |
| <input type="checkbox"/> Health Care              | <input type="checkbox"/> Writing                        | <input type="checkbox"/> Food Handling/Service  |
| <input type="checkbox"/> Class 5 driver's license | <input type="checkbox"/> Research                       | <input type="checkbox"/> Languages: _____       |
| <input type="checkbox"/> Computer, Technology     | <input type="checkbox"/> Experience with children/youth | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Public Speaking          | <input type="checkbox"/> Experience with the elderly    | _____   |
| <input type="checkbox"/> Fundraising Experience   | <input type="checkbox"/> Recreation/Coaching            | _____   |

### Check your reason(s) for volunteering:

- |  |   |
|--|---|
| <input type="checkbox"/> Academic Credit       | <input type="checkbox"/> Improve Health Care        |
| <input type="checkbox"/> Employment Experience | <input type="checkbox"/> Social Interaction         |
| <input type="checkbox"/> Explore Careers       | <input type="checkbox"/> Relative/Friend Volunteers |
| <input type="checkbox"/> Increase Self-Esteem  | <input type="checkbox"/> Practice English Skills    |
| <input type="checkbox"/> Learn New Skills      | <input type="checkbox"/> Stay Active/Involved       |
| <input type="checkbox"/> Help Others           | <input type="checkbox"/> Other (specify): _____     |

**Check how you found out about our volunteer program:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Physician                   | <input type="checkbox"/> School                        | <input type="checkbox"/> Relative/Friend        |
| <input type="checkbox"/> Community                   | <input type="checkbox"/> Newspaper                     | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Volunteer                   | <input type="checkbox"/> Poster/brochure/flyer         | _____   |
| <input type="checkbox"/> Previously a patient/client | <input type="checkbox"/> Internet                      | _____   |
| <input type="checkbox"/> Employee of Southern RHA    | <input type="checkbox"/> Radio                         |   |
| <input type="checkbox"/> Previously a volunteer      | <input type="checkbox"/> Recruitment/Information Booth |   |

**Availability** Please check the preferred time period(s) that you are available to volunteer FOR THE NEXT 3 MONTHS.

**Please specify the times you would arrive for your shift and then have to leave.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How many times a week would you like to volunteer?  one shift  2-3 shifts  4 or more shifts

Are you interested in volunteering for special projects or events?  Yes  No

Are there times of the year that you are not available to volunteer? i.e. vacation

**Health Information**

Please list any intellectual or physical disabilities or health problems which may affect your ability to perform as a volunteer and that you wish to have taken into considerations when determining a volunteer placement.

## Pre-volunteer record checks and Personal Health Information Act Pledge is required.

Who would you like us to contact in case of an emergency?

Name: \_\_\_\_\_ Phone Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cellular: \_\_\_\_\_

### **References**

Please list 3 current references such as past/present employers, teachers/instructors, youth group leaders, colleagues or a supervisor from a volunteer experience. We DO NOT accept family members or personal friends as references unless you were employed by them. We DO accept signed reference letters that are current and on the organization's letterhead.

Name	Organization	How do you know this person?	Phone #: Day/Evening	Fax Number
1.				
2.				
3.				

I hereby authorize Southern Health-Santé Sud to contact the named references to ascertain my suitability as a volunteer. I further authorize Southern Health-Santé Sud to maintain this information in their records and release and absolve them from all liability that may otherwise accrue by reason of their keeping this information and using it for their purpose. Disclaimer: It is the policy of this organization to screen all prospective volunteers. While we try to place every prospective volunteer, management reserves the right to reject applicants who do not meet our requirements and/or placement criteria.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Important\*\***

***Please submit your Volunteer Application Form directly to the corresponding Health site.***