

CONTACT INFORMATION

How do you wish to be addressed? Mr. Mrs. Ms. Miss. Other _____

First name _____ Last name _____

Street _____ Suite/Apt. _____

City _____ Province _____ Postal code _____

Telephone: (Home) _____ (Mobile) _____

E-mail _____

GENERAL INFORMATION

Age group (Optional): 16-18 19-25 26-45 45-65 Over 65

Why do you want to volunteer your time? _____

Were you born at St. Joseph's? Yes No Were you a patient at St. Joseph's? Yes No

Is St. Joseph's your community hospital? Yes No

SKILLS INTERESTS AND AVAILABILITY

Based on your experience and training, please check all that apply:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Organizational | <input type="checkbox"/> Writing | <input type="checkbox"/> Event planning |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Research | <input type="checkbox"/> Clerical work | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Design | <input type="checkbox"/> Database | <input type="checkbox"/> Phone etiquette |

Please list any other personal talents, hobbies and special skills you may have (please specify):

Volunteer area of interest: Event day Committee Long term (in office)

Other: _____

Please specify your availability: Summer Evenings Weekends Weekdays

Other _____

Please specify your preferred method of volunteering: In person Virtually

EMPLOYMENT / EDUCATION / VOLUNTEER EXPERIENCE

Employed (Full-time) Employed (Part-time) Student Retired Other _____

Which Organization/Company are you a student or employee of: _____

Please tell us about your work and/or past volunteer experience:

Have you volunteered with the St. Joseph's Health Centre in the past? Yes No

In what capacity? (E.g. event, committee, in office): _____

REFERRAL SOURCES

How did you hear about St. Joseph's Health Centre's volunteer program?

Word of mouth Social Worker Media (i.e. TV) Walk-in

Local Volunteer Centre Social Media Friend or Family Website

Other: _____

EMERGENCY CONTACT (OPTIONAL)

Name: _____ Relation: _____

Home Phone: _____ Mobile Phone: _____

**THANK YOU for your interest in volunteering with the
St. Joseph's Health Centre Foundation!**

I certify that all information in this application form is true and complete. False statements or omissions are grounds to terminate the relationship no matter when they are discovered. I authorize the Foundation staff to contact the above references to determine my suitability for a volunteer position. If accepted as a volunteer, I agree to comply with the policies and procedures of St. Joseph's Health Centre and the Volunteer Services Department as outlined during orientation and training.

I understand that SJHC is committed to protecting the privacy of my personal information in its possession. Personal information in SJHC's possession will be kept confidential and it will not be sold, traded or loaned to any other organization. The information on this form will be used by SJHC to identify volunteer interest and determine suitability for a specific volunteer position. The volunteer/SJHC relationship can end at any time by either party (this relationship is at will and is not a contract of employment).

Name: _____ Date: _____

*If you are under the age 18 please obtain parental or legal guardian consent

Parent's name: _____ Parent's phone: _____

OFFICE USE ONLY

Received: _____ Entered: _____

Notes: _____
