VOLUNTEER APPLICATION

OFFICE USE

Received: ___________
Interview: ___________

☐ Vulnerable Sector Check
☐ Occupational Health Clearance
☐ Confidentiality Agreement
☐ Photo ID/parking badge
☐ Database Entry

Volunteer Position: ___________
Start Date: ___________
End Date: ___________
Reason: ___________________________

☐Miss ☐Ms. ☐Mrs. ☐Mr.
Name: ________________________

Preferred Name:

Contact Information:
Address:____
City: ____
Prov. ____________ Postal Code: __________________
Home Phone: _______________Cell:_________________
E-Mail:____

Emergency Contact Information
Name: ____
Relationship: _____________________________________
Phone Number:____________________________________

Languages Spoken
☐English ☐French ☐Other:

Are you currently a student? ☐ Yes ☐ No
☐High school ☐College/University
☐Full Time ☐Part Time

Previous Volunteer Experience:
____
____
____

Work Experience:
____
____
____

Special Skills, Education History, Certificates, interests:
____
____

Reason for volunteering at the hospital:

☐Academic Credit ☐Explore Careers
☐Develop Skills ☐Social Interaction
☐Community Involvement ☐Show Appreciation for Help Received
☐To Help Others ☐Personal Satisfaction

Availability:

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning	☐	☐	☐	☐	☐	☐	☐
Afternoon	☐	☐	☐	☐	☐	☐	☐
Evening	☐	☐	☐	☐	☐	☐	☐

☐ Weekly ☐ Bi-weekly ☐ As needed for events

Areas of interest:

☐ Emergency Room Kiosk Greeter
☐ Main Entrance Kiosk Greeter
☐ Gif Shop & Coffee Bar
☐ Emergency Room
☐ Clerical Assistance to Admin
☐ Interim Long Term Care
☐ Pastoral Care
☐ Other ____________________

References

Please, list two people (not family members) you have asked to complete our Reference Form

1) Name: ___________________________________ Affiliation: ________________________________

   Telephone: ____________________ E-mail Address: _____________________________

2) Name: ___________________________________ Affiliation: ________________________________

   Telephone: ___________________ E-mail Address: ______________________________

Please read and check ☑ before signing:

- ☐ I certify that I am 16 years of age or older an that the information in this application is correct to the best of my knowledge.

  I understand that:
  - ☐ my 2 references need to submit their completed forms confidentially.
  - ☐ not everyone who applies is accepted as a volunteer.
  - ☐ as part of becoming a KDH volunteer, I must submit the results of a criminal reference check.
  - ☐ as part of becoming a KDH volunteer, I must submit the results of a negative 2-step Tuberculosis (TB) test and provide proof of immunization for certain communicable diseases.
  - ☐ as part of the process of becoming a KDH volunteer, I must complete an online training program and keep the training current as prompted.
- ☐ I agree to make a regular commitment to KDH for a minimum of 6 months and/or a minimum of 60 hours of service and fulfill my volunteer position to the best of my ability.
- ☐ I agree to wear a volunteer vest, apron or pinafore and ID badge during every shift.
- ☐ I agree to be punctual, ensure that my volunteer hours are properly recorded.
- ☐ I agree to report any absences a.s.a.p. to the team leader and/or volunteer coordinator to provide sufficient time to find a replacement.
- ☐ I agree to adhere to all Policies and Procedures of Kemptville District Hospital with particular attention to the policy on Confidentiality of Personal and Hospital Related Information.
- ☐ I grant permission to the Kemptville District Hospital and its Auxiliary to send mailings to my home and e-mail address, to publish my name and photograph in hospital and auxiliary newsletters, and to share my name, phone number and email address with fellow volunteer members.
- ☐ I agree to return my photo ID card and uniform when I am no longer a volunteer.

By signing this application, I agree that all statements made are true and correct, and any misrepresentation made in connection with this application will be sufficient cause for the termination of my volunteer position.

____

Volunteer's Name Signature Date

Parent or Guardian

I hereby give permission for my son/daughter under 18 years of age to volunteer at Kemptville District Hospital.

____

Guardian Name Signature Date