

## VOLUNTEER APPLICATION

|   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.<br><b>Name:</b> _____   | <b>Preferred Name:</b><br>_____ |
| <b>Contact Information:</b><br>Address: _____<br>City: _____<br>Prov. _____ Postal Code: _____<br>Home Phone: _____ Cell: _____<br>E-Mail: _____  |                                 |
| <b>Emergency Contact Information</b><br>Name: _____<br>Relationship: _____<br>Phone Number: _____   |                                 |
| <b>Languages Spoken</b><br><input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: _____   |                                 |
| <b>Are you currently a student?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> High school <input type="checkbox"/> College/University <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time  |                                 |
| <b>Reason for Volunteering at Kemptville District Hospital:</b><br><input type="checkbox"/> Academic Credit <input type="checkbox"/> Explore Careers<br><input type="checkbox"/> Develop Skills <input type="checkbox"/> Social Interaction<br><input type="checkbox"/> Help Others <input type="checkbox"/> Personal Satisfaction<br><input type="checkbox"/> Show Appreciation for Help Received <input type="checkbox"/> Community Involvement |                                 |

**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: \_\_\_\_\_

**Previous Volunteer Experience:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Work Experience:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Special Skills, Education, Certificates, Interests:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Availability:** Shifts are typically 8-12, 12-4 & 4-8 This will vary according to areas of interest and your availability.

|           | Mon.                     | Tues.                    | Wed.                     | Thurs.                   | Fri.                     | Sat.                     | Sun.                     |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Morning   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Afternoon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evening   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Weekly  Bi-weekly  As needed

**Areas of interest:**

- |  |  |
|--|--|
| <input type="checkbox"/> Emergency Room Kiosk Greeter<br><input type="checkbox"/> Main Entrance Kiosk Greeter<br><input type="checkbox"/> Gift Shop & Coffee Bar | <input type="checkbox"/> Interim Long Term Care<br><input type="checkbox"/> Clerical Assistance to Admin<br><input type="checkbox"/> Pastoral Care |
|--|--|

**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 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 scheduling volunteer coordinator
- 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 e-mail address, to publish my name and photograph in hospital and auxiliary publications, and to share my name, phone number and email address with fellow volunteer members.
- I agree to notify the volunteer coordinator & return my photo ID badge when I am no longer able to 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 |
|---|-----------|------|
| <b>Parent or Guardian</b><br>I hereby give permission for my son/daughter under 18 years of age to volunteer at Kemptville District Hospital. |           |      |
| Guardian Name   | Signature | Date |