



VOLUNTEER APPLICATION FORM

<i>STATUS</i>			
Applicant		Not Placed	
Active		Individual	
Inactive		Group	

DATE: _____

PLEASE TELL US ABOUT YOURSELF

Mr.		Mrs.		Miss.		Ms.		Other	
Last Name					Preferred Name				
First Name									

Address		Apt. No.		City/Town	
Province		Postal Code		Country	

Home Phone		Business		Other	
Fax. No.		E-Mail:			
I prefer to receive calls at:	Home		Business		Either
Best time to contact you:					

Birth Date: (optional if over 18)	Day	Month	Year
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PLEASE TELL US ABOUT YOUR EDUCATION

Highest level of education obtained	
Name of school (if currently attending)	

PLEASE TELL US ABOUT YOUR EMPLOYMENT HISTORY

(please <input type="checkbox"/> one)	Employed	Unemployed	Retired	Student (credit)	Student (non-credit)
Company Name/Employer		Your Job Title		From	To
					Reason For Leaving

WHAT IS YOUR REASON FOR VOLUNTEERING?

Academic credit	Referred by medical profession
Employment experience	Relative/friend volunteers
Explore careers	Social interaction
Learn new skills	Stay active & involved
Help others	Other
Improve health care	

HEALTH INFORMATION

Please list any intellectual or physical disabilities and/or medical information (i.e. medication, back problems) which may affect your ability to perform as a volunteer, or that you wish to be taken into consideration. A letter from your doctor may be required.

WHO WOULD YOU LIKE US TO CONTACT IN CASE OF AN EMERGENCY?

Name	Relationship	Phone No.

HOW DID YOU FIND OUT ABOUT OUR VOLUNTEER PROGRAM?

Church	Radio
Community newspaper	TV
I am employed by this organization	Relative/Friend
Human Resource Department	School
I was previously a patient	Volunteer Center
I visited a patient	Poster/brochure/flyer
I was a volunteer here in the past	Referral Organization (specify)
I knew about/noticed department	Recruitment/Information Booth
I was referred by my Physician	Other (specify)

PLEASE TELL US ABOUT ANY VOLUNTEER WORK YOU HAVE DONE

Organization	Your Title	From	To	Reason For Leaving
Have you ever applied to volunteer with this organization before?		Yes		No
If yes, When?				

WHICH OF THE 3 BASIC AREAS ARE YOU INTERESTED IN? PLEASE () ONE

Patient Care Programs (e.g., Patient Care, Recreation, Visiting)	Revenue Generating Programs (e.g., Gift Shop)	Support Services Programs (e.g., Clerical)

WHAT SKILLS AND EXPERIENCE DO YOU HAVE TO OFFER?

	Valid Drivers License		Computer Skills
	CPR		Photography
	Organizational skills		Nursing
	Musical instrument		Work well with people
	Retail experience		Clerical
	Multiple languages, spoken/read		Physical strengths
	Communication skills		Entertainment contact
	Fundraising		Other (specify)
	Creative ideas		Other (specify)
	Special training (specify)		
	Experience with the elderly, (specify)		

PLEASE INDICATE YOUR AVAILABILITY FOR SHIFTS BY PLACING A START TIME AND END TIME IN THE APPROPRIATE BOX(ES).

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

TIME COMMITMENT

How long a commitment are you prepared to make?	3 months		6 months		1 year +	
How many times per week would you like to volunteer?	1 shift		2-3 shifts		4 or more	
Are you interested in volunteering for special projects or events?	Yes			No		
Please note the times of the year you are not available to volunteer i.e. vacation						

REFERENCES

Please list three reference - past or present employers, volunteer co-ordinators, teachers, etc. Please use local references wherever possible.

We cannot accept family members as references.

Name	Organization	How do you know this person?	Phone No.	Fax No.
<i>Example: James Smith</i>	<i>XYZ High School</i>	<i>Guidance counsellor</i>	<i>555-5555</i>	

I hereby authorize any of the above listed references and the Volunteer Department to furnish their record of my services, my reasons for leaving (if applicable), together with all other information they may have concerning me, whether on record or not. I hereby release them and their company from all liability for any damage whatsoever for issuing same. I further authorize the Volunteer Department 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.

I authorize the Riverview Health Centre to use my performance appraisal records in providing references on my behalf when I request this assistance.

Volunteers are expected to respect confidential information and to honour the agreed upon commitment.

Signature

Date

Parent/Guardian, (if under 18)

Date

For office use only:	Completion date (& initial)
<input type="checkbox"/> Create profile in Volunteer Works	
<input type="checkbox"/> Interview	
<input type="checkbox"/> Orientation	
<input type="checkbox"/> Placement & Start Date	
<input type="checkbox"/> Supervisor	
<input type="checkbox"/> Name Tag ordered	
<input type="checkbox"/> Data Entered in Volunteer Works	
<input type="checkbox"/> Exit Interview	