



VOLUNTEER APPLICATION FORM

All information on this Volunteer Application Form whether submitted online or in paper directly to Riverview Health Centre will be entered to a website owned by Volgistics, Inc. and not Riverview Health Centre or the Winnipeg Regional Health Authority (WRHA). Volgistics is a third party contracted to manage and store all information on volunteers collected by Riverview Health Centre Volunteer Services, including, but not limited to: this application, personal information, volunteer assignments, service hours, awards, etc. Volgistics currently stores this information on servers located outside of Canada; this information will be subject to the laws of the country where it is kept.

Riverview Health Centre and the WRHA are not responsible for any lost or misdirected data or for any delays while data is being sent to or stored on the Volgistics website. Information about Volgistics' Security Features, Privacy Policies and Terms of Use can be found on its website at www.volgistics.com.

<input type="checkbox"/> Mr.		<input type="checkbox"/> Mrs.		<input type="checkbox"/> Miss.		<input type="checkbox"/> Ms.		<input type="checkbox"/> Other	
Last Name				Preferred Name					
First Name									

		Apt. No.		City/Town	
Province		Postal Code		Country	

		Business		Cellular	
I prefer to receive calls at	Home		Business		Cell
Best time to contact me					

Are you between the ages of		15-17		18-29	
30-39		40-49		50+	

Education

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

		Yes		No	
Highest Level of Education Obtained		Name of School			
Are you volunteering for Academic Credit		Yes		No	
Number of hours required		Completion Date			

Employment History

Currently I am:

Employed	Unemployed	Retired	Other		Student
Company Name/Employer	Your Job Title		From (M/Y)	To (M/Y)	Reason For Leaving

Volunteer Work

Please list organizations that you currently are volunteering for or have volunteered for in the past including: community clubs, schools, religious organizations, professional associations, non-profit organizations, sporting organizations, etc.

Organization	Your Responsibilities	From (M/Y)	To (M/Y)		Reason For Leaving	
			Yes		No	
If yes, When?						

Which of our 3 basic areas are you interested in?

Please check one.

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

Check the skills and experience you have to offer:

Clerical, Organizational	Experience with the Elderly
Health Care	
Computer, Technology	Languages Spoken (please specify)
Communication Skills	
Play an Instrument	Other (please specify)
Retail Experience	
Recreation, Coaching	
Food Handling/Service	

How did you find out about our volunteer program?

Check your reason(s) for volunteering:

	Employment Experience		Practice English Skills
	Explore Careers		Referred by Medical Profession
	Learn New Skills		Stay Active and Involved
	Help Others		Other (specify)
	Social Interaction		
	Relative/Friend Volunteers		

Availability:

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							
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	
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							

Optional

If you wish to have anything further to be taken into consideration when determining a volunteer placement (for example: mobility issues, back problems or allergies), you may list those issues in the space provided:

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

Mr.		Mrs.		Miss.		Ms.		Other	
Last Name					Preferred Name				
First Name									
				Business		Other			
E-Mail									

References

If you are interviewed as a potential volunteer, you will be asked to provide three (3) references. Please note that references from family members or from personal friends will not be accepted, **unless you were employed by them**. Please bring the names and phone numbers of your references with you to your interview.

Authorization and Consent

By submitting this application, I agree that the information I have provided on the form is true and accurate. Furthermore, I understand and agree that submitting this application form does not automatically register me as a volunteer. It is the policy of Riverview Health Centre Volunteer Services to screen all prospective volunteers. While we try to place every prospective volunteer, management reserves the right to decline applicants who do not meet our requirements and/or placement criteria. I consent to this information and information about my volunteer work with Riverview Health Centre to be maintained on the Volgistics website and absolve and release Riverview Health Centre and the WRHA from all and any liability that may otherwise accrue by reason of keeping this information on the Volgistics website and using this information for the Riverview Health Centre purposes.

Signature of Applicant: _____ **Date:** _____

For those applicants under the age of 18, parental/guardian consent is required before submitting this application.

I, _____ (print name of parent/guardian), hereby give my permission for _____ (name of volunteer) to volunteer for the Riverview Health Centre. I have read and understood the Volunteer Application Form and I consent to the details of my child's volunteer records being stored on the Volgistics' website as described at the beginning of this Volunteer Application Form.

NOTE: Parents may be advised of performance issues or in the event that disciplinary action should be required.

Signature of Parent/Guardian: _____ **Date:** _____

For Office Use Only

Completion Date & Initial	Status
<input type="checkbox"/> Profile Created	<input type="checkbox"/> Date Received:
<input type="checkbox"/> Interview	<input type="checkbox"/> Applicant
<input type="checkbox"/> Orientation	<input type="checkbox"/> Active
<input type="checkbox"/> Placement & Start Date	<input type="checkbox"/> Inactive
<input type="checkbox"/> Supervisor	<input type="checkbox"/> Not Placed
<input type="checkbox"/> Name Tag ordered	<input type="checkbox"/> Member of:
<input type="checkbox"/> Exit Interview	