



VOLUNTEER APPLICATION

Date: _____

PERSONAL INFORMATION

Last Name:		Given Name(s):		
Address (Street Number & Name):		City:	Province:	Postal Code:
Home Phone:	Cell Phone:		Work Phone:	
		Email :		

Please note volunteers must be 16 years or older in order to volunteer at St. Mary's General Hospital.

EMERGENCY CONTACT:

Name:	Home Phone:	Work Phone:
Relationship to you:		

VOLUNTEER EXPERIENCE

Have you had any previous volunteer experience? Yes No

If yes, describe your experience: _____

Why are you interested in volunteering at St. Mary's General Hospital? _____

Are there any specific experiences you are looking to gain from volunteering?

EDUCATION/TRAINING

High School College University Program Name: _____

Graduation Date: _____

EMPLOYMENT EXPERIENCE

Current Employment Full- Time Part-Time Student Retired Unemployed

Occupation: _____

Describe your work related skills, experience or training that relates to the volunteer position.

PLEASE LIST THE SKILLS AND ATTRIBUTES YOU FEEL WOULD BRING TO YOUR VOLUNTEER ROLE.

AVAILABILITY (What days and times are you available to volunteer?) [check all that apply]

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Are you able to commit to one shift of 3- 4 hours per week for a minimum of 9 months?

Yes No

In the interest of client safety and to facilitate appropriate volunteer placements all volunteers are required to submit two written references. References must have known the applicant for a minimum of one year in a professional capacity and may include past or present employers, teachers, volunteer supervisor etc. **We CANNOT accept family members or personal friends as references. Reference forms will be provided once a volunteer position has been confirmed.**

Signature of Applicant _____ Date: _____

St. Mary's General Hospital is committed to providing accessible employment practices that comply with the Accessibility for Ontarians with Disabilities Act (AODA). Please notify us, if you require accommodation for disability during any stage of the volunteer intake process.

The personal information you provide to us on this form is required for you to become a volunteer at St. Mary's General Hospital and will be used to communicate with you for volunteer activities. It will be kept confidential. If you have questions please contact St. Mary's General Hospital Privacy Office at privacyoffice@smgh.ca or 519-749-6578 ext. 1209. All inquiries will be kept confidential.