



Volunteer Registration

Date: _____

PERSONAL DATA

Last Name		Given Name(s)	
Address		Home Telephone	
City		Province	Business Telephone
Postal Code	E-mail		Fax Number
Are you 16 years of age or older?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

AGE CATEGORY (for statistical purposes only)

DD/MM/YY

EMERGENCY CONTACT

Name	Home Telephone	Business Telephone
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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? _____

What area of volunteer service are you interested in? Patient Care Non-patient Care

EDUCATION/TRAINING

Elementary/Secondary: Highest grade successfully completed _____

College University Name of Program _____

Other training, courses, certifications, etc. _____

EMPLOYMENT EXPERIENCE

Are you currently employed? Yes No

Occupation _____ Full-time Part-time

Describe any of your work related skills, experience, or training that relate to the volunteer position being applied to. _____

TALENTS AND INTERESTS (ie. computer skills, administration, finance, fundraising, hobbies)

AVAILABILITY

What days and times are you available to volunteer? (Check all that apply)

DAY	MORNING	AFTERNOON	EVENING
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Occasionally	One Time for a Special Event		

REFERENCES

Give the names of 2 persons who can supply information pertinent to your performance (excluding relatives). I give St. Mary's General Hospital permission to contact these references.

1) Name	Occupation
Address	Phone Number
2) Name	Occupation
Address	Phone Number

Pledge of Confidentiality

I understand and agree that in the performance of my duties as a volunteer, I must hold medical information and other confidential information regarding the hospital and its patients in confidence.

SIGNATURE _____ DATE _____

Thank you for considering a volunteer opportunity
 with St. Mary's General Hospital.

OFFICE USE ONLY

REFERENCE CHECKS

REFERENCE 1 DATE: COMPLETED BY:

Name of Reference: Phone:

Relationship to Volunteer:

How long have you known the applicant?

Following a review of the position description:

Do you consider the applicant to be reliable, punctual?

Does the applicant demonstrate initiative?

What type of supervision will the applicant work best within? (minimum/considerable)

Please comment on the applicant's skills or qualities:

Is there any reason you would not recommend the applicant for this volunteer position?

Comments:

REFERENCE 2 DATE: COMPLETED BY:

Name of Reference: Phone:

Relationship to Volunteer:

How long have you known the applicant?

Following a review of the position description:

Do you consider the applicant to be reliable, punctual?

Does the applicant demonstrate initiative?

What type of supervision will the applicant work best within? (minimum/considerable)

Please comment on the applicant's skills or qualities:

Is there any reason you would not recommend the applicant for this volunteer position?

Comments:

When required by St. Mary's General Hospital screening policy, attach pertinent documentation.

