



# 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 :		

## AGE CATEGORY (for statistical purposes only)

Are you 16 years of age or older? Yes  No  Date of Birth (optional): \_\_\_\_\_  
(DD/MM/YYYY)

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

Elementary/Secondary: Highest grade successfully completed: \_\_\_\_\_

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 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. **Please have your references complete the attached form and submit with your application.** 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.**

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](mailto:privacyoffice@smgh.ca) or 519-749-6578 ext. 1209. All inquiries will be kept confidential.



# Volunteer Reference Form

**I have been asked to provide a reference for:**  
(Name of Volunteer Applicant)

**Referee Information**

First Name:	Last Name:
Organization:	Occupation:
Phone Number:	Email Address:
How long have you known the applicant?	
In what capacity do you know the applicant?	

Please comment of how well the applicant exhibits the following characteristics.  
5=excellent 1=poor

	5	4	3	2	1
Reliability and Punctuality					
Communication Skills					
Customer Service Skills					
Ability to work well with others					
Shows compassion and Respect					

Volunteers at St. Mary's Hospital are focused on providing compassionate service and support to our patients and families. Please comment on what makes this applicant a suitable candidate for volunteer service in a hospital.


**Signature and Date**

Referee Signature:	Date:
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Thank you for taking the time to provide this reference.



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## Signature and Date

Referee Signature:

Date:

