



Office Use Only
Application Rec'd: _____
Called for Interview: _____
Interview Date: _____

VOLUNTEER APPLICATION FORM
(CONFIDENTIAL when complete)

Thank you for your interest in volunteering at Georgian Bay General Hospital. Please **fully complete this form**. When you are finished, please place it in an envelope, address it to "**Volunteer Coordinator for the GBGH Volunteer Association**" and drop it off in the Gift Shop or the Hospital Switchboard.

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Town/City: _____ Cell Phone: _____

Postal Code: _____ Email: _____

Age: You must be 16 years of age or older to apply.

Languages spoken: English French Other: _____

In case of EMERGENCY, please contact: Name: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Employment History. Please list your employer, position held, time in position starting with most recent employment and skills. If you are a student please indicate educational institution and year.:

Employer/Company	Position Held	Years Employed	Skills Used in Position

Volunteer History. Please list the organization for which you volunteered, position held, time in position starting with most recent employment and skills:

Organization	Position	Time Volunteered	Skills Used in Position

I am available to volunteer (please check the times you are available):

Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Please indicate which of the following areas you are interested in:

- | | | |
|---|--|---|
| <input type="checkbox"/> Wards: 2 North or 2 East | <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Emergency Department |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Coffee Bar & Lottery | <input type="checkbox"/> Diagnostic Imaging |
| <input type="checkbox"/> Surgical Day Care | <input type="checkbox"/> Information Desk (Main Lobby) | <input type="checkbox"/> Patients-in-Motion |
| <input type="checkbox"/> Ambulatory Care | <input type="checkbox"/> Laboratory Waiting Room | <input type="checkbox"/> Rehab |
| <input type="checkbox"/> Rec Therapy | <input type="checkbox"/> Complex Continuing Care | |

Please call me to help out with fundraising events at either site (bake sales, craft sales, geranium sales, tag days,

References: Please include two references, at least one who knows you professionally (ex., teacher, doctor, supervisor). Students are requested to bring 2 written references to the interview.

Name:	Name:
Address:	Address:
Phone:	Phone:
Occupation:	Occupation

I want to volunteer because I like to (please check those that are applicable):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Help others | <input type="checkbox"/> Learn new skills | <input type="checkbox"/> Personal satisfaction | <input type="checkbox"/> Meet new people |
| <input type="checkbox"/> Show appreciation for help received | <input type="checkbox"/> Explore career opportunities | <input type="checkbox"/> Keep busy | |
| <input type="checkbox"/> Other _____ | | | |

VOLUNTEER AGREEMENT

- If I am accepted for a volunteer position, I agree to comply with the conditions of the volunteer position and the policies of the Georgian Bay General Hospital Volunteer Association and of the Hospital.
- I agree to report for duty at the assigned time and day or to ensure that a replacement is arranged. If unable to arrange a replacement, I acknowledge that it is my responsibility to advise the unit and my immediate supervisor.
- The Volunteer uniform and photo ID are the property of the Georgian Bay General Hospital Volunteer Association and must be worn at all times when working in the hospital. Upon termination as a Volunteer, I will immediately return the aforementioned items and the GBGH Parking Pass to the Volunteer Association.
- I realize that I am making a commitment for a **minimum of one (1) year**, except if I am a summer student, and I intend to honour it to completion.
- I agree to my photograph being taken for identification and/or media purposes.
- I understand that if any statements made by me on this or any other document are untrue or misleading, this application may be rejected and will constitute sufficient grounds for termination of service.

Signature: _____

Date: _____