



VOLUNTEER RESOURCE APPLICATION

Adult

Student

SHADED AREA - OFFICE USE ONLY

RECEIVED	Lion's Head	Markdale	Meaford	Owen Sound	Southampton	Warton
COMPUTER ENTRY			PLACEMENT		PHOTO (taken at GBHS)	
ORIENTATION DATE:						
TB TEST COMPLETED:			VSYS NUMBER			
CONFIDENTIALITY AGREEMENT SIGNED						
REFERENCE	SENT		RETURNED			

PLEASE ENSURE THAT ALL QUESTIONS ARE COMPLETED AS FULLY AS POSSIBLE. PLEASE PRINT.

Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Name: _____	Telephone: Home: _____ Work: _____ E-Mail: _____
Address: _____ Apt: # _____ City: _____ Prov: _____ Postal Code: _____	Emergency Contact: _____ Relationship: _____ Telephone: Home: _____ Work: _____
Birth Date (Confidential): ____/____/____ Day / month / year (for statistical purposes only)	Languages Spoken: English <input type="checkbox"/> French: <input type="checkbox"/> Other: (Please specify) _____

I AM CURRENTLY:

- employed full-time or part-time at _____ position: _____
- past employment _____ position:
- seeking employment
- a homemaker
- a student full-time at _____ or part time at _____
- retired from career as: _____
- other (please specify): _____

SKILLS: Clerical Computer Sewing Knitting Business People
 Sales Customer Service Other _____

PREVIOUS VOLUNTEER EXPERIENCE: _____

HEALTH PROBLEMS/LIMITATIONS _____

I WILL COMMIT TO: 6 Months 1 Year+ I take extended vacations in: Summer Winter
 I take normal vacations in: Summer Winter

I WANT TO VOLUNTEER AT THE HOSPITAL TO: (where applicable)

- help others learn new skills personal satisfaction
 meet people keep busy show appreciation for help received
 explore career opportunities Educational Requirements Other _____

I AM ABLE TO VOLUNTEER: (check where applicable)

TIME	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
Morning							
Afternoon							
Evening							

I HEARD ABOUT VOLUNTEERING AT THE HOSPITAL FROM: (where applicable)

- hospital staff hospital volunteer visiting hospital local newspaper
 the Library school Other _____

Have you ever been convicted of a criminal offense for which you have not received a pardon?

- Yes No

If yes, please explain: _____

REFERENCES: I hereby authorize Volunteer Resources to contact, in strict confidence, the following references. Please provide 2 professional references (do not use relatives)

NAME:		NAME:	
ADDRESS:		ADDRESS:	
CITY:	POSTAL CODE:	CITY:	POSTAL CODE:
PHONE #:		PHONE #:	
RELATIONSHIP:		RELATIONSHIP:	

STUDENT VOLUNTEERS:

Volunteer opportunities for full or part time students are available in either our school year program (October – May) or summer program (May – August). Due to limited placement opportunities during the school year, preference is given to students in grade 11 and up. Most student volunteer opportunities require a minimum commitment of 2-4 hours per week.

COMMITMENT/CONSENT:

- ❖ I agree to comply with Volunteer Resources' requirements and policies as outlined in the Orientation Manual and my Position Description.
- ❖ I will be punctual and carry out my duties to the best of my abilities.
- ❖ I will notify my Convenor/Staff Liaison of any necessary absence from my Service as far in advance as possible.
- ❖ I will return my badge and uniform when I am no longer a Volunteer.
- ❖ I am willing to have my name and telephone number shared with fellow volunteers, as required.
- ❖ I am willing to adhere to my commitment.

NOTE: All volunteer information is held in strict confidence and will be used only to match an individual to a suitable position, in the collection of statistical information or in trending studies.

VOLUNTEER SIGNATURE: _____ **DATE:** _____