Hotel Dieu Shaver
HEALTH AND REHABILITATION CENTRE

VOLUNTEER APPLICATION

_____ _____
NAME (SURNAME) GIVEN NAME

_____
STREET ADDRESS APT.# CITY PROV. POSTAL CODE

_____ _____
HOME PHONE NUMBER EMAIL ADDRESS

DATE OF BIRTH: (Optional) MONTH_____ DAY _____

Emergency Contact Information: Name/Relationship/Phone #_____

WHY ARE YOU LOOKING TO VOLUNTEER?

_____ School Initiative. *If yes, please circle the appropriate option:* Community hours Career Focus

*School Program:*_____

Or

_____ Adult or Senior looking to give back to the Community

Or

_____ I have been a patient or family member of a patient

CURRENT OCCUPATION: _____

PREVIOUS VOLUNTEER EXPERIENCE:_____

PROFICIENCY IN BOTH OFFICIAL LANGUAGES? (check if applicable) : ☐ ENGLISH ☐ FRENCH

ADDITIONAL FLUENT LANGUAGES: _____

SPECIAL SKILLS/EXPERIENCE: (Example: Computer experience, Training, Sewing, Languages, etc.)

_____

AREAS OF VOLUNTEERING YOU WOULD BE INTERESTED IN: Check All That Apply

☐ *Dieu Drop In (Coffee Shop)* ☐ *Gift Gallery (hospital gift shop)* ☐ *Nevada Break Open Tickets*

☐ *Delta Bingo(Auxiliary Fundraiser)* ☐ *HDS Auxiliary Member* ☐ *Admin/Office(HDS Foundation)*

☐ *Gardening* ☐ *Entertainment (If so, what kind: _____ e.g.: piano, dance)*

☐ *Eucharistic Ministry/Pastoral Services* ☐ *Recreation Therapy*

Specialty Areas: ☐ *Patient Advisor* ☐ *Rehab (Patient Care)* ☐ *Speech Language Pathology*

AVAILABILITY: (Please Specify Morning/Afternoon/Evening/Days of the Week/Weekend):

_____
_____
_____
_____

HAVE YOU EVER BEEN CONVICTED OF A FEDERAL OFFENCE FOR WHICH NO PARDON HAS BEEN GRANTED?

_____

I CONFIRM THAT THE INFORMATION GIVEN IS TRUE, COMPLETE AND ACCURATE. (The hospital will keep all information confidential)

_____ _____
Applicant's Signature Date

PLEASE GIVE THE NAMES OF TWO REFERENCES (NOT RELATIVES). I UNDERSTAND THAT THE VOLUNTEER DEPARTMENT MAY CONTACT THE REFERENCES SHOWN.

FULL NAME	EMAIL	OR	PHONE NO.	RELATIONSHIP
FULL NAME	EMAIL	OR	PHONE NO.	RELATIONSHIP

THE FOLLOWING STATEMENTS WILL BE REVIEWED AT ORIENTATION

COMMITMENT:

All potential long term volunteers are asked for a time commitment in order to provide on-going volunteer services throughout the hospital. Hospital staff use valuable time in training, evaluating and supervising volunteers and count on them to be reliable. The undersigned volunteer agrees to commit a minimum of three months of Volunteer Service to the Hotel Dieu Shaver Health and Rehabilitation Centre barring any special circumstances that may arise including termination due to inappropriate actions. All high school students applying for Volunteer Service must adhere to this policy regardless of the nature of the school program. (Students must be 16 years of age or older and in secondary school before applying to Volunteer Services).

IMMUNIZATION & TB SURVEILLANCE:

Everyone carrying on activities in the Hospital is required by law to have health screening, including a two-step tuberculin test. More information will be provided to prospective volunteers.

I understand that this volunteer placement is unpaid and will not lead to employment.

I agree that I am participating in Hotel Dieu Shaver Health and Rehabilitation Centre Volunteer placement program for charitable purposes, or casual observation and I do this on my own initiative.

I have read and understand all the above statements and I agree to abide by the hospital policies.

_____ _____

Applicant's Signature **Date**

Form II-VOL-1

Hotel Dieu Shaver Health & Rehabilitation Centre
Volunteer Services

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Fax 905-687-3228

Email: volunteer@hoteldieushaver.org