Hotel Dieu Shaver
HEALTH AND REHABILITATION CENTRE

541 Glenridge Avenue
St. Catharines, ON L2T 4C2
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Form II-VOL-1

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 #____

PREVIOUS VOLUNTEER EXPERIENCE:____

____

SPECIAL SKILLS: (Example: Computer experience, Typing, Sewing, Languages, etc.) ________________________

____

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

Dieu Drop In (Shaver Hospital Coffee Shop) ***Rehab Centre Snack Bar*** ***Gift Gallery (hospital gift shop)***

Recreation Therapy ***Gardening*** ***Book Cart*** ***Administrative Assistance*** ***Patient Visiting*** ***Entertainment***

If Entertainment what kind: ________________________ ***eg: piano, dance*** ***Other suggestions:*** ___________________

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? __________

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

____
FULL NAME **ADDRESS** **PHONE NO.**

____
FULL NAME **ADDRESS** **PHONE NO.**

PLEASE SIGN AND DATE THIS FORM. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

______________________________ ______________________
Applicants Name **Date**

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 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 14 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. Testing can be done by your physician or by the Public Health Department.

CONFIDENTIALITY:

All hospital records are to be treated as confidential material, to be protected for the privacy of the client and the employee. No one is expected to read or discuss records unless his/her job so requires. Furthermore, no confidential information is to be discussed outside the hospital. Confidentiality is the right of every patient and everyone affiliated with the hospital. Each of us is expected to respect that right.

WHMIS (WORKPLACE HAZARDOUS MATERIAL INFORMATION SYSTEMS)

Hazardous substances can get in and affect the body through mouth, skin absorption and breathing. In-hospital volunteers need to be aware that unknown substances or spills must be reported to a staff member. Each department has a WHMIS Binder, it is the volunteers responsibility to read this binder.

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.

Signature ______________________________ **Date** ______________________

Volunteer Services ____