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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| New Volunteer Applicant□ Returning Volunteer Applicant □ Date of last activity: mm/dd/yyyy | | | | | | | | | | | | | | | | | | | | | |
| **Personal and Contact Information** | | | | | | | | | | | | | | | | | | | | | |
| First Name: | | | | | | | | Last Name: | | | | | | | | | | | Male: □ Female: □ | | |
| Apt #: | | | Address: | | | | | | | | | | | | | | | | | | |
| City: | | | | | Province: | | | | | | | | | | Postal Code: | | | | | | |
| Phone Numbers (H): | | | | | | | | | (M): | | | | | | | | (W): | | | | |
| Email Address: | | | | | | | | | | | | | | | | | | | | | |
| **Work and Volunteer Experience** | | | | | | | | | | | | | | | | | | | | | |
| Name of Organization | | | | | Position/Duties | | | | | | | | | | From (mm/yyyy) - To (mm/yyyy) | | | | | | |
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| **Education** | | | | | | | | | | | | | | | | | | | | | |
| Highest Level of Education: | | | | | | | | | | | | | | | | Completed □ In Progress □ | | | | | |
| Name of Institution (Optional): | | | | | | | | | | | | | | | | | | | | | |
| Area(s) of Study (If applicable): | | | | | | | | | | | | | | | | | | | | | |
| **Availability** | | | | | | | | | | | | | | | | | | | | | |
| Shift | Sunday | | | Monday | | | Tuesday | | | Wednesday | | Thursday | | | | | | Friday | | | Saturday |
| Morning |  | | |  | | |  | | |  | |  | | | | | |  | | |  |
| Afternoon |  | | |  | | |  | | |  | |  | | | | | |  | | |  |
| Evening |  | | |  | | |  | | |  | |  | | | | | |  | | |  |
| **Months Available** | | | | | | | | | | | | | | | | | | | | | |
| January □ | | February □ | | | | March □ | | | | | April □ | | | May □ | | | | | | June □ | |
| July □ | | August □ | | | | September □ | | | | | October □ | | | November □ | | | | | | December □ | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Areas of Interest** | | | | | | | | | | | | | | | | | | | | | |
| Please indicate the area(s) in which you would like to volunteer? | | | | | | | | | | | | | | | | | | | | | |
| □ Information Desk/Greeter □ Meal Assistant  □ Surgical Services □ Social Rehabilitation  □ Patient Support for Clinics | | | | | | | | | | | | | | | | | | | | | |
| How did you hear about our program? □ Website □ Family/ Friend □ Other | | | | | | | | | | | | | | | | | | | | | |
| Do you have any affiliation with HDH *(eg. Former or current staff/patient/family*)?  □ Yes □No | | | | | | | | | | | | | | | | | | | | | |
| If Yes, please specify: | | | | | | | | | | | | | | | | | | | | | |
| **Please read *carefully* before signed and dating the following:** | | | | | | | | | | | | | | | | | | | | | |
| The Hanover & District Hospital reserves the right to accept or not accept volunteer applicants. Volunteers are placed according to their interests, skills, suitability, and the needs of the hospital. The Hanover & District Hospital reserves the right to release a volunteer from his/her volunteer position if, in the opinion of the hospital, continuance of the volunteer role could cause detriment to the hospital. I understand that false or incomplete information on this application form may disqualify me from volunteering, or result in my dismissal. | | | | | | | | | | | | | | | | | | | | | |
| Applicant Signature: | | | | | | | | | | | | | Date: mm/dd/yyyy | | | | | | | | |

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| **Parental Consent- Under 18** | |
| I certify that I meet the minimum age requirement of 16 years old. Yes □ No □ | |
| Parent/Guardian signature is required for all applicants under the age of 18.  I give consent for my child to volunteer at the Hanover & District Hospital. I understand that my son/daughter must fulfill all program commitment requirements to receive confirmation of volunteer activity. | |
| Print Parent/Guardian Name: | |
| Parent/Guardian Signature: | Date: mm/dd/yyyy |

Please return completed application package to:

**Hanover & District Hospital**

**Attention: Human Resources: Volunteers**

**90 7th Avenue, Hanover, ON N4N 1N1**

**Phone: 519-364-2341 ext 233 Email:** [**hr@hdhospital.ca**](mailto:kcoburn@hdhospital.ca)