

New Volunteer Applicant Returning Volunteer Applicant Date of last activity: mm/dd/yyyy							
Personal and Contact Information							
First Name:		Las	t Name:			Male: 🗆 Female: 🗆	
Apt #:	Address:	·					
City:	Province:			Postal Code:			
Phone Numbers (	I		(W):				
Email Address:							
Have you ever been convicted of a criminal offence for which a pardon has not been granted?							
If Yes, please specify:							
		Emer	gency Con	tact Information	l		
First & Last Name:			Relationship to		o you (optional):		
Phone Numbers (		(M):			(W):		
			Work Ex	perience			
Name of Organiza	ation	Position	/Duties		From	(mm/yyyy) - To (mm/yyyy)	
Volunteer Experience							
Name of Organiza	ation	Position	/Duties		From	(mm/yyyy) – To (mm/yyyy)	
			Educ	ation			
Highest Level of Education:				Completed  In Progress			
Name of Institution (Optional):							
Area(s) of Study (	If applicable):						



Availability											
Shift	Sunday	Sunday Monday		Tuesday	Wednesday	y Thursday		Friday		Saturday	
Morning											
Afternoon											
Evening											
				Months	Available						
January 🗆	February 🗆 🛛 🛛		Ma	rch 🗆	April 🗆	oril 🗆 🛛 🛛 🛛 🛛 🛛 🗆		May 🗆		June 🗆	
July □	August 🗆 🛛 S		Sep	ptember 🗆 🛛 October 🗆			November 🗆		December 🗆		
Areas of Interest											
Why did you decide to volunteer?											
Why Hanover and District Hospital?											
Please indicate the area(s) in which you would like to volunteer?											
Information Desk Pet Therapy											
Greeter     Greeter     Restorative Care Healthy Stay Voluntee											
Gift Shop     Ambulatory Care Clinic (Specialist/OBS)											
<ul> <li>Emergency Department</li> <li>Day Surgery/Lab waiting area</li> <li>Patient Support (Medical/Surgical Department)</li> <li>Special Event Planning/Fundraising</li> </ul>											
	· ·	<ul> <li>Special Event Planning/Fundraising</li> <li>Television Service</li> </ul>									
<ul> <li>Volunteer Executive</li> <li>Television Service</li> </ul>											
Hospitality and Retail (eg. Information Desk, Gift Shop)											
Patient and Family Support <i>(eg. Patient Visiting)</i>											
Specific roles/activities that interest you (if applicable):											
Please list any skills and/or hobbies:											
Clerical	🗆 Co	mputer		Knitting	Business	Business 🛛 🗆 Peop		ole		Sales	
Other:											
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

## Parental Consent- Under 18

I certify that I meet the minimum age requirement of 16 years old. Yes  $\Box$  No  $\Box$ 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 activ	rity.

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 7<sup>th</sup> Avenue, Hanover, ON N4N 1N1 Phone: 519-364-2341 ext 233 Fax: 519-364-3984 Email: <u>hr@hdhospital.ca</u>

The Hanover & District Hospital is committed to providing accessible employment practices that comply with the Accessibility for Ontarians with Disabilities Act (AODA). Please notify us, if you require accommodation for disability during any stage of the volunteer intake process.

The personal information you provide us with on this form is required for you to become a volunteer at Hanover & District Hospital and will be used to communicate with you for volunteer activities. It will be kept confidential. If accepted as a volunteer, your personal information will be shared with the Hanover & District Hospital Auxiliary, of which all active volunteers are members.