



# Hotel Dieu Hospital Volunteer Application Form



	Date Completed
<input type="checkbox"/> Interview	_____
<input type="checkbox"/> Status post int.	_____
<input type="checkbox"/> Reference check	_____
<input type="checkbox"/> OHS	_____
<input type="checkbox"/> Orientation	_____
<input type="checkbox"/> CRC (if req'd)	_____
<input type="checkbox"/> Membership	_____
Placement:	_____
Start date:	_____
End date:	_____

Application Date \_\_\_\_\_

Name: \_\_\_\_\_

Are you currently enrolled in a school program? Yes  No

If under 18 please indicate your age: \_\_\_\_\_ Male  Female

Current Residence: \_\_\_\_\_ Postal Code \_\_\_\_\_

Day Time Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact & number: \_\_\_\_\_

Where did you learn about our volunteer opportunities? \_\_\_\_\_

A. What volunteer positions would you consider (only check positions of interest)? :

- Administrative Support (Appointment Caller, package assembly, filing)       Retail (Gift Shop, Café)  
 Leadership (committee work, program mentoring)       Outpatient Clinics (Urgent Care Centre, Playroom)  
 Special Projects (fundraising, coat room)       Other: \_\_\_\_\_

B. Briefly tell us what do you hope to gain from volunteering at HDH? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Shifts typically are on weekdays between 9-4pm. Please put an "X" in all of the times you are available to volunteer. If interviewed, we will discuss only 1 or 2 shifts that range from 1-3½ hours/week.

*\*There are limited shifts available at this time.*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday*	Sunday*
7 to 9am							
8:30 to 12:30pm							
12:30 to 4:30pm							
4 to 6pm*							

D. i) Volunteers provide service and support to patients, families, visitors and staff. Please describe any customer service experience you may have: \_\_\_\_\_

\_\_\_\_\_

ii) List your general employment and volunteer experience: \_\_\_\_\_

\_\_\_\_\_

iii) List your relevant hobbies, interests or special skills and talents you would like to share: \_\_\_\_\_

\_\_\_\_\_

E. Please indicate two non-related people we may contact for personal references. References can include a teacher, neighbour, employer, camp counsellor, volunteer supervisor, etc (you cannot use family members). Letters of Reference are preferred and can be attached to your application or faxed or emailed to our office.

① Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Day Time Telephone: \_\_\_\_\_ E-mail (if known): \_\_\_\_\_

② Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Day Time Telephone: \_\_\_\_\_ E-mail (if known): \_\_\_\_\_

### **Release of Information** (Please read carefully before signing)

I also hereby authorize and release from all liability my present/previous employer and/or educational institution/volunteer placement to provide Volunteer Resources, with reference information concerning me, including but not limited to achievement, performance, attendance, employment/educational history, disciplinary information and reason for separation of employment and/or education.

I understand and agree the organization may release the application form and documentation from my present/previous employer and/or educational institution(s) and/or volunteer placement (Kingston General Hospital, Hotel Dieu Hospital, St.Mary's of the Lake Hospital, Mental Health Services or Providence Manor). It is understood that any information that is given is to be used for the purpose of volunteer placement.

---

### **Please read and check before signing:**

- I certify that I am 14 years of age or older and that the information in this application is correct to the best of my knowledge and I understand that any misrepresentation or omission may result in my dismissal if I am accepted as a volunteer.
- During my volunteer work I may acquire certain information that is considered confidential. I agree that I will not disclose such information.
- I understand that not everyone who applies is accepted as a member of the Volunteer Resources program.
- I consent to a Criminal Record Check and Vulnerable Sector Search as required for some positions (to be discussed if interviewed)
- I consent to submit **2 references** on my behalf to Hotel Dieu Hospital Volunteer Resources and I understand the release of information request as noted above.
- I agree to serve as a volunteer for **4 months or a minimum of 60 hours of service** to Hotel Dieu Hospital should I be accepted as a volunteer.
- I agree to submit to the Communicable Disease Surveillance Protocol as required by the Ministry of Health (to be discussed if interviewed)

Date (Y/M/D) \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

\*If applicant is under the age of 18, parent/guardian signature is required.

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**