

Volunteer Application

Site applying to: General St. Peters Satellite Health Facility Juravinski Hospital Juravinski Cancer Centre

Second preference: General St. Peters Satellite Health Facility Juravinski Hospital Juravinski Cancer Centre

| Availability | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------------|--------|---------|-----------|----------|--------|----------|--------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

Do you have **Fall 2023** availability? Yes No

Contact Details

PERSONAL INFORMATION:

Name:

(Surname)

(First)

(Middle)

Status: Adult (not attending school) University/College Student High School Student

PRIMARY ADDRESS:

Apt/Unit # _____ Street: _____ City: _____ P/C: _____

Phone: (H) _____ (B) _____ (C) _____

(Email) _____

Secondary Address (If applicable)

Apt/Unit # _____ Street: _____ City: _____ Postal Code: _____

Phone: (Local / Area) (_____) _____

Traits

SKILLS:

Music/Entertainment Art/Painting Sewing Knitting Clerical Special Projects

Customer Service Computers Other _____

If enrolled in school:

School Attending _____ Year: _____ Program _____

HOW DID YOU HEAR ABOUT US?

Another Volunteer Hospital Staff

Promotional Material Special Program

Personal

Have you ever been convicted of a criminal offence for which a pardon has not been granted? Yes No

Do you have proof of vaccinations? (i.e.: Measles, Mumps, Rubella, Varicella & COVID-19) Yes No

Questions

WHY ARE YOU INTERESTED IN BECOMING A VOLUNTEER WITH HAMILTON HEALTH SCIENCES?

OF THE POSTED VOLUNTEER OPPORTUNITIES, WHAT PLACEMENT AREA(S) INTEREST YOU?

(Please ensure that you have read the current advertised placements on the HHS VR Website)

WHAT SPECIAL SKILLS OR TALENTS DO YOU HAVE?

LANGUAGES SPOKEN FLUENTLY (other than English):

CONFIDENTIALITY

Patient's medical information is strictly confidential and must never be discussed unnecessarily with others. As a member of Hamilton Health Sciences, all information concerning patients, family, visitors and staff will be held in confidence. Disclosure of confidential information shall be subject to disciplinary action up to and including discharge.

Agree Disagree

ACKNOWLEDGEMENT OF INTERIM APPLICATION PROCESS

- I have read the Interim Intake Process on the Volunteer Resources website and have followed all instructions provided
- I will submit the completed application form to the Volunteer Resources e-mail provided by the website instructions to: volunteerresources@hsc.ca and in the subject line I will specify the site(s) I am applying to
- I understand that by submitting my application form, I may be considered for a volunteer placement at HHS. Areas of interest, availability, skills and suitability are all factors taken into consideration
- Due to the high volume of applications received, I understand if I have not been contacted by my first choice hospital, I may be contacted by my second preference hospital as I indicated on my application
- I understand if that if I have *not* been contacted by Volunteer Resources within three months of applying, I will be required to reapply. Volunteer Resources cannot provide status updates on applications received

Agree Disagree

I agree to authorize Volunteer Resources to contact my references and I accept the terms of this application.

Applicant Signature: _____ **Date:** _____

Comments: