



VOLUNTEER APPLICATION

| Your Personal Information | | |
|---------------------------|-------------|--|
| Last Name | First Name | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. |
| Apt. | Address | |
| City | Postal Code | E-mail Address |
| Home Phone No. | | Cell No. |

| Volunteer Experience | | |
|-----------------------------------|---------------------|-----------------------------|
| Organization | Volunteer Placement | From _____ to _____ (dates) |
| Describe duties _____ _____ | | |
| Organization | Volunteer Placement | From _____ to _____ (dates) |
| Describe duties _____ _____ | | |

| Occupation | |
|---|----------|
| Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/> Retired <input type="checkbox"/> | |
| Occupation (If retired, previous occupation) | Employer |

| Education | |
|--|--|
| Are you a student? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If you are a student, please indicate your: School _____ Academic Program _____ Year of Study _____ | |
| If you are not a student please indicate your educational background: _____ _____ | |

| How did you hear about our volunteer program? | |
|---|--|
| <input type="checkbox"/> Friend | <input type="checkbox"/> At the hospital |
| <input type="checkbox"/> Internet | Other _____ |

| FOR OFFICE USE ONLY | | |
|----------------------------|------------------|------------|
| APPLICATION RECEIVED: DATE | INTERVIEW DATE | START DATE |
| DR FORM OUT | DR FORM RETURNED | PLACEMENT |



Your Skills

Please indicate skills and interests that may be relevant to volunteering at the hospital:

- Communication Skills Administration/Office Organization
 Fundraising/Event Planning Retail Sales or Management "People" skills

Languages spoken: _____

Computer skills: None Basic Regular User

Additional Skills

Your Interests

Why are you interested in volunteering at Women's College Hospital?

Are you interested in any specific volunteer opportunity, department, or program?

Your Availability

Circle the day(s) and time(s) you are available to volunteer. Please note that volunteer opportunities are not available nights or weekends.

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|-----------|-----------|-----------|-----------|-----------|
| Morning | Morning | Morning | Morning | Morning |
| Afternoon | Afternoon | Afternoon | Afternoon | Afternoon |

Comments on Availability:

Emergency Contact Information

| | | |
|----------------|--------------|--------------|
| Last Name | First Name | Relationship |
| Home Phone No. | Business No. | Cell No. |

References

You are required to submit 2 written references with this application – people you have worked or volunteered with, other than family members

Please read and check before signing

- All the information I have provided on this application is true. I understand that misrepresentation of any information is cause for dismissal
- I understand that my placement as a volunteer is dependent on my skills, suitability, interests and available positions
- If placed as a volunteer I agree to comply with the Privacy Code of Women's College Hospital
- I understand that the references I submit will be verified and that there is a trial period for all new volunteers

Signature of Volunteer _____ Date: _____

Please return to: Sarah Lord, Coordinator, Volunteer Resources, Women's College Hospital
76 Grenville Street, Toronto, ON M5S 1B2 416-323-6400 x 4014