

VOLUNTEER APPLICATION FORM

| | | | |
|--|--|---|---|
| <input type="checkbox"/> NEW Applicant | | <input type="checkbox"/> Returning Applicant – MM/YY you last volunteered _____ | |
| Contact Information | | | |
| Last Name | | First Name | Title |
| Apt/Unit # | | Address- street name and number | |
| City | | Postal Code | |
| Primary Phone No. <input type="checkbox"/> Cell <input type="checkbox"/> Home | | Secondary Phone No. <input type="checkbox"/> Cell <input type="checkbox"/> Home | |
| E-mail Address: | | | |
| Program Information | | | |
| Select which program you are applying for | | | |
| <input type="checkbox"/> Year-Round Adult Program | | <input type="checkbox"/> Fall/Winter Student Program (Post-Secondary September-April) | |
| <input type="checkbox"/> Summer Student Program (High-School July-August) | | <input type="checkbox"/> Summer Student Program (Post-Secondary May-August) | |
| <p>* If you are interested in becoming a Research Volunteer please download the Research volunteer application form from the website and read through the program details and requirements.</p> <p>* The WCH Volunteer Department gladly accepts certified Therapy Dog Volunteer Applications on an ongoing basis.</p> <p>* The WCH Volunteer Department gladly accepts applications from Volunteers of all abilities.</p> | | | |
| Why are you interested in volunteering with Women's College Hospital? | | | |
| <hr/> <hr/> | | | |
| Which volunteer placement category are you interested in? (Select all that apply, categories are described on our website) | | | |
| <input type="checkbox"/> Information Desk and Wayfinding | | <input type="checkbox"/> Clinic Office Help | <input type="checkbox"/> Clinic Liaison |
| <input type="checkbox"/> Volunteer Childcare Assistant | | <input type="checkbox"/> Hand Hygiene Auditor | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Waiting Room Support | | | |
| Are you interested in any specific departments, programs or clinics? | | | |
| <hr/> | | | |
| Education | | | |
| Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes , please indicate: | | | |
| Name of Institution _____ | | Area(s) of Study (if applicable) _____ | |
| If no , please indicate your educational background: | | | |
| <hr/> | | | |
| Occupation | | | |
| Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired | | | |
| Occupation (If retired, list previous occupation) _____ | | | |
| Employer _____ | | | |
| Skills | | | |
| Please describe skills and interests that may be relevant to volunteering in a hospital setting: | | | |
| <hr/> <hr/> | | | |

| Volunteer Experience | | | | | |
|--|---------------|---|------------------|-------------------------|---------------|
| List your past volunteer experience | | | | | |
| Name of Organization | Position | From (MM/YY) – To (MM/YY) | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Availability | | | | | |
| Check the days and times you are available to volunteer. We do not offer evening or weekend opportunities and the minimum number of volunteer service hours required is 3 ½ hours per week. Morning shifts: approximately from 9:00am-12:30pm Afternoon shifts: approximately from 12:30-4:00pm | | | | | |
| Shift | Monday | Tuesday | Wednesday | Thursday | Friday |
| Morning | | | | | |
| Afternoon | | | | | |
| Comments on availability: _____ _____ | | | | | |
| Emergency Contact Information | | | | | |
| Last Name | | First Name | | Relationship (optional) | |
| Primary Phone No. <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work | | Primary Phone No. <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work | | | |
| Referral Sources | | | | | |
| How did you hear about the Volunteer Program at Women's College Hospital? <input type="checkbox"/> At the hospital <input type="checkbox"/> Friend or Family <input type="checkbox"/> Staff <input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> Other _____ | | | | | |
| References | | | | | |
| You are required to submit 2 written references with this application. References must know you in a professional capacity and cannot be family members or friends. Referees should return the forms to the applicant for submission. | | | | | |

| Conflict of Interest Disclosure | |
|---|--|
| Is the volunteer an immediate family member of any staff member at Women's College Hospital? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Women's College Hospital Policy 3.20.002 Employment of Relatives, defines Immediate family as: including individuals related by blood or marriage (including foster and step relationships). Immediate family is defined but not limited to father, mother, grandparent, daughter, son, husband, wife, brother, sister and in-law (in-law includes father, mother, daughter, son and brother) aunts, uncles cousins, in addition to common-law partners and same-sex partners and divorced partners. Other relatives will be considered on an individual basis. | |

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 hereby grant permission for my personal contact information (phone number and email) to be shared with my placement supervisor and other volunteers in my work area for the purposes of scheduling and relaying information.
- I understand that the references I submit will be verified.
- If accepted as a volunteer, I understand a placement assignment is dependent on skills, suitability, and Hospital needs.
- I understand that prior to starting a volunteer placement, I must complete the required immunization and TB screening requirements outside of Women's College Hospital.
- If accepted as a volunteer, I understand that prior to starting a volunteer placement, I must consent to a Criminal Records Check being done, that offers are conditional upon the completion of a Criminal Records Check, and that failure to complete or successfully pass the Criminal Records Check will result in an offer being rescind.
- If accepted as a volunteer, I agree to comply with the policies and procedures of Women's College Hospital and the Volunteer Resources department as outlined during orientation and training.

Signature of Applicant: _____ Date: _____

If under the age of 18, parental or legal guardian consent is required:

I give consent for my child: _____ to volunteer at Women's College Hospital.
Parent/Guardian Name: _____ Signature: _____ Date: _____

Return to Volunteer Resources, Women's College Hospital
76 Grenville Street, Room 7409 | (T) 416-323-6400 ext. 4014 | (E) volunteer@wchospital.ca | (F) 416-323-7741

Thank you for your interest in volunteering with Women's College Hospital!