

Volunteer Application Form

 Year Round Summer Student

Section A

<input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. Last Name: _____		First Name: _____					
<input type="checkbox"/> Miss <input type="checkbox"/> Ms.							
Number/Street/Apt. _____		City _____	Postal Code _____				
Please check preferred method of contact <input type="checkbox"/> Home Telephone		<input type="checkbox"/> Cell					
<input type="checkbox"/> Email		Date of Birth (dd/mm/yyyy) Minimum age requirement is 16 years					
Emergency contact name _____		Relationship _____	Phone: _____				
		Email: _____					
Employment Status <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other: _____ <input type="checkbox"/> Current position (please attach resume): _____							
Students: <input type="checkbox"/> High School <input type="checkbox"/> Post-Secondary <input type="checkbox"/> Other: _____							
Language(s) Spoken: <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> South Asian, specify: _____ <input type="checkbox"/> French <input type="checkbox"/> Cantonese <input type="checkbox"/> Other: _____							
Are there any physical limitations to your activities? <input type="checkbox"/> Lifting <input type="checkbox"/> Walking <input type="checkbox"/> Other: _____							
Availability (check all appropriate boxes)							
Times are approximate:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 8:00 am – 12:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon 12:00 pm – 4:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening 4:00 pm – 7:30 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer Service Desired (based on vacancy) <input type="checkbox"/> Clinical areas (e.g. Adult Surgery) <input type="checkbox"/> Support Service Areas (e.g. Info Desk, Gift Shop)							
How did you hear about the Volunteer Program? <input type="checkbox"/> MSH website <input type="checkbox"/> Referral (e.g. staff, physicians, volunteer) <input type="checkbox"/> Job board (Indeed/Charity Village) <input type="checkbox"/> Community Agency (Please specify) _____ <input type="checkbox"/> Social Media (Facebook, Twitter, Instagram) <input type="checkbox"/> School (High School, Post-Secondary) <input type="checkbox"/> Other (Please specify): _____							
Reason for volunteering: _____ _____ _____							

Section A (continued)

For completion by Parent or Guardian of applicant below age of 18 years:

My daughter/son _____ has my permission to participate as a volunteer at Markham Stouffville Hospital.

Has she/he any physical limitations which would govern the type of assignment given?

If yes, specify: _____

Parent/Guardian name _____ Telephone _____

Signature: _____ Date: _____

Section B

Declaration

- I certify that I am 16 years of age and older.
- I certify that I will undergo a vulnerable sector check prior to my start date if I am offered a volunteer placement at MSH.
- I agree to commit a minimum of six months to volunteering at MSH, if accepted as a volunteer.
- I agree to adhere to all related policies and procedures.
- I accept the responsibility to maintain my knowledge/ understanding of my volunteer role and remain current on emergency code procedures.
- I understand that during the course of my volunteering, I may be required to undergo mandatory trainings and agree to participate as required.
- I understand that not every applicant may be accepted as a volunteer.
- I understand that I may be placed in a volunteer role that could be outside of my expectations/career background.
- In the event that my volunteer involvement is not compatible with the hospital's requirements, the decision of the coordinator of Community Resources will be final (i.e. re-training, transfer to another area or termination)
- I certify that the information I have provided is true and understand that any misrepresentation or omission may result in my dismissal if accepted as a volunteer.
- 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.

Signature: _____ Date: _____

For Office Use Only

Check List:

- Application form
- 2 References
- Immunization records form
- Resume