



Volunteer Application Form

Last Name:		First Name:					
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							
Emergency contact name		Relationship	Phone:				
			Email:				
Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Student Students: <input type="checkbox"/> High School <input type="checkbox"/> Post-Secondary <input type="checkbox"/> Other: _____ Work Experience: _____ Volunteer Experience: _____							
Language(s) Spoken other than English:							
Explain why you would like to Volunteer at RMH?							
Availability (check all appropriate boxes)							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer Service Interest <input type="checkbox"/> Patient Care Areas <input type="checkbox"/> Support Service Areas (e.g. Info Desk, Gift Shop, Fundraising)							
How did you hear about the Volunteer Auxiliary? <input type="checkbox"/> Hospital Website <input type="checkbox"/> Referral (e.g. staff, physicians, volunteer) <input type="checkbox"/> School (High School, Post-Secondary) <input type="checkbox"/> Other (Please specify): _____							
Please List Your Hobbies, Interests, Skills:							



Volunteer Application Form (continued)

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

My child _____ has my permission to participate as a volunteer at Ross Memorial Hospital.

Parent/Guardian name _____ Telephone/Cell _____

Signature: _____ Date: _____

Declaration

- I certify that I am 14 years of age and older.
- I certify that I will undergo a criminal background check with the vulnerable sector prior to my start date, if I am offered a volunteer placement at RMH.
- I understand that my criminal background check must be acceptable to the hospital HR policies.
- I agree to adhere to all related RMH and Auxiliary policies and procedures.
- I understand that I will have a pre-volunteer health assessment and submit immunization information to the RMH Occupational Health department, if selected to volunteer at RMH.
- I accept the responsibility to maintain my knowledge/understanding of my volunteer role and remain current on emergency code procedures.
- I understand that as part of my role as a volunteer I may be required to attend mandatory training sessions and agree to participate as required.
- I understand that I will be required to serve a three month probationary period.
- 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 my expectations/career background.
- In the event that my volunteer involvement is not compatible with the hospital's requirements my volunteer experience may be terminated.
- 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, RMH Auxiliary/Volunteer Services, RMH Management and other volunteers in my work area for the purposes of scheduling and sharing/relaying information.
- I agree to provide references (excluding family members) when requested to continue with the requirement process. I agree that no liability or damage shall be incurred by my present/previous employer(s) as a consequence of their release of such information.

Signature: _____ Date: _____

For Office Use Only

Check List:

- ☐ Application Form
- ☐ 2 References
- ☐ Immunization Records Form
- ☐ Criminal Background Check
- ☐ Badge
- ☐ Signed Confidentiality Package
- ☐ Volunteer Apparel Provided

Orientation Date;
Start Date:
Assigned Placement Area: