

Volunteer Application Form

PERSONAL INFORMATION	
Name:	
Home Address:	
City:	Province: Postal Code:
Home Phone:	Emergency Contact:
Business/Cell Phone:	Relationship:
Email Address:	Home Phone:
Area of Interest:	Business/Cell Phone

I AM CURRENTLY: Student (Highschool/University/College) Adult

YOUR AVAILABILITY							
	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"/>

Are you interested in volunteering: For the summer 6 months 12 months Long Term

Why have you chosen to volunteer with us at Campbellford Memorial Hospital?

Do you have any previous Volunteer experience? _____

How did you hear about our Volunteer Service ? _____

Signature: _____

Date: _____

Please Mail/Email Return: Jacy Hampson (Coordinator, Human Resources)
 146 Oliver Road Campbellford, ON. K0L 1L0
 705-653-1140 Ext. 2005
jhampson@cmh.ca

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Volunteer Reference Check

**** A Reference cannot be related to the prospective volunteer and must be over the age of 18****

**** We will require 2 references****

Volunteer Name: _____ Date: _____

Reference Name: _____

Relationship to Volunteer: _____ Years Known: _____

Phone Number: _____ E-mail Address: _____

The individual named above has applied to do volunteer work at the Campbellford Memorial Hospital. As a volunteer this individual would have contact with patients whom are vulnerable, recovering from illness and have special needs. Volunteers assist staff, patients and their families in a variety of ways. Activities might include visiting, assisting with meals, offering support, working in positions of trust and confidentiality, volunteers also are required to work co-operatively with other staff and volunteers.

Please check the following	Poor	Fair	Good	Excellent	Unable to Judge
Reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything else we should know about the applicant?

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Do you have any concerns about the applicant's ability to:

- | | | |
|------------------------------------|------------------------------|-----------------------------|
| 1. Maintain Confidentiality | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Volunteer with the elderly | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Work without direct supervision | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Are there any reasons why you would hesitate to recommend him/her for a volunteer placement?

Yes No

If answered yes, please provide additional information:

Signature of Reference: _____ Date: _____

Thank you for your cooperation. All information provided is confidential.