



Volunteer Application Form

PERSONAL

Name: _____
Last Name (please print) First and Middle Names (circle name used)

Address: _____
Street number / PO box City/Town Province Postal Code

Phone: (home) _____ (work) _____ (cell) _____

Email: _____ I prefer correspondence by email: **Yes or No**, by text: **Yes or No**

Please indicate the Community Health site you are interested in volunteering at:

Community Site(s)/Program(s) Please submit your application to the corresponding site

Applicants under the age of 18 years must have their parent or legal guardian complete the following:

_____ has my permission to serve as a volunteer at _____
Full name of volunteer Site/ Program

Note: Parents may be advised of performance issues or in the event that disciplinary action should be required.

Parent or Legal Guardian printed name

Parent/Legal guardian signature

EDUCATION / WORK EXPERIENCE

Have you ever been employed by / volunteered with Interlake-Eastern Regional Health Authority? Yes or No

If yes, in what location and department? _____

Highest level of education:

High School University/College Trade/Business Other: _____

Employment History:

Employed Unemployed Retired Home Student

Describe Educational and/or Work Experience (Optional)

OTHER SKILLS AND ABILITIES

What skills and experience do you have to offer? (i.e. valid drivers license, languages spoken/read, experience with elderly, clerical, talent or musical abilities)

What is/are your reason for volunteering? (i.e. academic credit, employment experience, explore careers, help others, stay active & involved)

How did you find out about our volunteer program?

Please check (✓) the time periods you are available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Do you anticipate your commitment to volunteering will be:

Short Term (less than 3 months)

Intermediate (3 – 6 months)

Long Term (6 months or more)

HEALTH INFORMATION

Are there any physical limitations or health problems which may affect your ability to perform as a volunteer and that you wish to have taken into consideration when determining a job placement?

Person to notify in an emergency: _____ Relationship: _____

Phone numbers:

REFERENCES

To ensure the safety of our patients/residents/clients, please provide three character or job references (excluding relatives).

Name and Occupation	Address	Telephone #	Relationship

PLEASE READ CAREFULLY BEFORE SIGNING:

The information I have reported on this application form and/or the attached resume is complete and accurate. I understand that giving incomplete, inaccurate or false information can lead to the termination of my volunteer position at any time. If I am accepted as a volunteer, I agree to perform all work and services assigned to me by the Interlake-Eastern Regional Health Authority diligently, honestly and faithfully. I agree to obey all the policies and procedures of the organization that relate to my volunteer position.

All volunteers are in a position of public trust, therefore must satisfy a Pre-Employment Security Check Policy which includes the following:

Criminal Record Check, Vulnerable Sector Check, Child Abuse Registry Check, Adult Abuse Registry Check

AUTHORIZATION TO COMMUNICATE PRIVATE INFORMATION:

I have applied for a volunteer position with the Interlake-Eastern Regional Health Authority. I hereby authorize any school, former employer, private person, or other organization to provide any information it has in relation to me to the Interlake-Eastern Regional Health Authority or its representatives.

In the event that I become a volunteer of the Interlake-Eastern Regional Health Authority, I authorize the Interlake-Eastern Regional Health Authority to divulge any personal information in relation to me to any other company, organization, or individual which I have authorized to investigate me.

I have read the above paragraphs and fully understand this authorization and freely and voluntarily consent to the personal investigation authorized for the purposes of this application.

SIGNATURE OF APPLICANT

DATE