****

***Date Contacted:***

***Contacted By:***

***Date Application Was Received:***

**VOLUNTEER APPLICATION FORM**

***Applicant must be 16 years of age to apply***

[***www.wrh.on.ca***](http://www.wrh.on.ca) ***/ Volunteer***

**Ouellette Campus: Renée Hopes, Manager of Volunteer Services and Student Registration**

**1030 Ouellette Avenue, Windsor, ON, N9A 1E1 ⦁ Phone: (519) 254-5577 ext. 33184 ⦁ Fax: (519) 255-2126**

**Metropolitan Campus: Olivia McGuire, Administrative Assistant**

**1995 Lens Avenue, Windsor, ON, N8W 1L9 ⦁ Phone: (519) 254-5577 ext. 52343 ⦁ Fax: (519) 985-2616**

**I would like to volunteer at the following campus:** ❑ Metropolitan ❑ Cancer Centre ❑ Ouellette ❑ Any Campus

**CONTACT INFORMATION:**

**(Please PRINT Clearly)**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **FIRST NAME** | **MIDDLE NAME** | **LAST NAME** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **STREET NAME & ADDRESS (APT. #/UNIT)** | **CITY** | **PROVINCE** | **POSTAL CODE** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **HOME PHONE**  | **CELL PHONE**  | **EMAIL ADDRESS** |

 ***(For Volunteer Services Office Use Only)***

**PERSONAL INFORMATION: (Please PRINT Clearly)**

 **COVERED BY OHIP**

 **DATE OF BIRTH AGE GROUP (Valid Ontario Health Card)**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  **❑ 16 - 17 ❑ 18 - 25 ❑ 25+**  |  **❑ Yes ❑ No**  |
| **MONTH**  | **DAY** | **CHECK THE APPROPRIATE BOX** | **CHECK THE APPROPRIATE BOX** |

**CITIZENSHIP STATUS: LANGUAGES SPOKEN:**

**❑ Canadian Citizen ❑ English ❑ French ❑ Other (specify below)**

**❑ Other Status (specify below):**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT INFORMATION: (Please PRINT Clearly)**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **FIRST & LAST NAME** | **HOME/CELL/WORK PHONE *(CIRCLE)*** | **RELATIONSHIP TO YOU** |

|  |
| --- |
| **YOUR APPLICATION WILL BE KEPT ON FILE FOR 6 - MONTHS** You will be contacted when your application has been received and reviewed.  |

**VOLUNTEER INFORMATION: (Please PRINT Clearly)**

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| **My goal for Volunteering at Windsor Regional Hospital is to:****❑** Help Others **❑**  Show Appreciation **❑** Learn New Skills  **❑** Explore Career Opportunities **❑**  Keep Active**Do you have access to an automobile for Volunteering:** **❑** Yes **❑** No **❑** Occasionally **❑** No – I use the City Bus  |

|  |
| --- |
| **Length of commitment:** **❑** 3 - 6 Months **❑** 6 - 12 Months **❑** Summer Only **❑** Assist with Special Events **I usually take extended vacations in the**: **❑** Spring Season **❑** Summer Season **❑** Winter Season  |

|  |
| --- |
| **Please indicate your area of interest below. Visit the website for more options regarding the various placement areas/duties available in the hospital (i.e. Help Desk, Gift Shop, ER, Paediatrics, Outpatient Clinics)****First Choice:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Second Choice:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Third Choice:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please indicate the TIME(S) that you are available in the boxes below i.e. Monday, 9:00 a.m. – 1:00 p.m.**

**Volunteer Assignments are 2-4 hour shifts, one - two days per week**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Morning** |  |  |  |  |  |  |  |
| **Afternoon** |  |  |  |  |  |  |  |
| **Evening** |  |  |  |  |  |  |  |

**PHYSICIAL LIMITATIONS::Some Volunteer positions may require one to sit, stand or walk for extended periods of time. Please let us know if you have any physical limitations we need to consider with respect to your desired Volunteer Position.**

 **❑ No limitations ❑ Yes, I have some limitations and I have listed them below: (Please PRINT Clearly)**

**VOLUNTEER/COMMUNITY EXPERIENCE: (Please PRINT Clearly)**

|  |  |  |
| --- | --- | --- |
| **1.** | **1.** |  |
| **2.** | **2.** |  |
| **Organization** | **Responsibilities** | **How Long** |

**EMPLOYMENT HISTORY:**

**Occupation (past or present):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**❑ Retired ❑ Employed Full-Time Looking for: ❑ Part-Time ❑ Full-Time Employment**

**❑ Self Employed ❑ Employed Part-Time ❑ Currently not employed**

**EDUCATION BACKGROUND:**

**❑ High School ❑ College/University: 1 2 3 4 (Please CIRCLE Year Completed) ❑ Not attending school**

**SKILLS/ INTERESTS/ HOBBIES::(Please CIRCLE all that best describe you)**

Play Piano/Guitar/Sing Computer Skills (MS Word/Excel/Internet/Keyboarding) Crafts/Painting/Scrapbooking

Cards/Board Games Cooking/Baking Sewing/Knitting/Crocheting

Gardening Fundraising Events Public Relations Teaching/Mentoring Social/Communication Skills/Friendly Visitor Golfing/Golf Tournaments

Nursing/PSW Background

Others (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VOLUNTEER REFERENCE FORM - 1**

**Please provide two references. References cannot be provided from family members.**

|  |  |  |  |
| --- | --- | --- | --- |
| **VOLUNTEER NAME:** |  | **DATE:** |  |
| **REFEREES NAME:** |  | **PHONE :** |  |

The above mentioned individual has applied to be a Volunteer at Windsor Regional Hospital and has given your name as a reference.

**Kindly complete the following questions and return this form to the Volunteer Applicant *or* you can submit it directly to the following Staff Member noted below. All information will be held in confidence. Thank you for completing this form.**

1. What is your relationship with the applicant (i.e. employer, co-worker, teacher, doctor, pastor, etc.)?
2. How long have you known this person?
3. Do you feel the applicant would be a reliable, committed volunteer?
4. Does the applicant follow tasks through to completion?
5. What special qualities and/or strengths do you feel the applicant has which would make him/her a good candidate for volunteering at the Hospital?
6. What areas do you feel the applicant needs to improve upon (i.e. punctuality, reliability, self-confidence, etc.)?
7. Would you recommend this person to volunteer for our organization? **YES**  **NO**

Windsor Regional Hospital, Met/Ouellette Campus

**Carolyn Brown, Administrative Assistant**

Volunteer Services & Student Registration

1030 Ouellette Avenue

Windsor, ON N9A 1E1

**Office: (519) 254-5577 ext. 33673**

**Fax: (519) 255-2126**

**Carolyn.Brown@wrh.on.ca**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VOLUNTEER REFERENCE FORM - 2**

**Please provide two references. References cannot be provided from family members.**

|  |  |  |  |
| --- | --- | --- | --- |
| **VOLUNTEER NAME:** |  | **DATE:** |  |
| **REFEREES NAME:** |  | **PHONE :** |  |

The above mentioned individual has applied to be a Volunteer at Windsor Regional Hospital and has given your name as a reference.

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4. Does the applicant follow tasks through to completion?
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6. What areas do you feel the applicant needs to improve upon (i.e. punctuality, reliability, self-confidence, etc.)?
7. Would you recommend this person to volunteer for our organization? **YES**  **NO**

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**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VOLUNTEER PLACEMENT AGREEMENT FORM**

***If accepted as a Windsor Regional Hospital Volunteer, I agree that:***

1. I shall hold all confidential information that I may obtain directly or indirectly concerning clients, staff, visitors, volunteers and students and not seek confidential information from any individual.
2. I will complete a pre-placement health screening which includes a 2-step tuberculosis test, laboratory tests and/or provide documentation of required immunizations.
3. Due to hospitalization at WRH, our clients are considered vulnerable. I will complete an extended criminal record check, which includes vulnerable sector screening and a check for pardoned sexual offences. **(Do not complete until an interview with a Volunteer Services Staff has taken place).**
4. I will report to my shift “in uniform” and follow the dress code with my WRH photo ID clearly visible.
5. My services are donated to the hospital without contemplation of compensation or future employment.
6. I shall honour the duties and time commitment of the service assigned to, advising the Department of Volunteer Services and Student Registration of any planned absences and any emergency absences.
7. I will complete any/all orientation and training materials/sessions that are related to my Volunteer Service Placement.
8. I understand that the Department of Volunteer Services and Student Registration reserves the right to terminate my volunteer status at any time due to:
	1. Failure to comply with hospital policies, rules and regulations
	2. Problematic attendance
	3. Negative and/or inappropriate comments or conduct
	4. Any other circumstances which, in the judgment of the Department of Volunteer Services and Student Registration makes my continued service as a Volunteer contrary to the best interests of the Hospital and its clients.
9. I understand that it is **my responsibility to read and abide by the policies, procedures, and rules as stated in the Volunteer Orientation Materials**, including but not limited to conduct and ethical guidelines, dress code and safety. I will consult with the Department of Volunteer Services and Student Registration regarding any orientation topic that I do not understand. In the event the material is revised and/or otherwise updated, I will be informed and expected to abide by the most current instructions.

|  |
| --- |
| ***I have read each of the above conditions and I agree to abide by them.***Description: Description: Description: http://www.wrh.on.ca/admin/Resources/images/compassionisourpassionsm.jpg**APPLICANT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |