

Preferred Site: General Site, 4001 Leslie St. (Leslie & Sheppard)
 Seniors' Health Centre, 2 Buchan Crt. (Leslie & Sheppard)
 Branson Site, 555 Finch Ave. W. (Finch & Bathurst)

Personal Contact Information				
Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/>	First Name	Last Name		
Apt. #	Address	City	Postal Code	
Home Phone #	Business #	Cell #		
E-mail Address		Date of Birth: D / M / Y		
Emergency Contact Information				
First Name	Last Name		Relationship	
Home Phone #	Business Phone #	Extension #	Cell Phone #	
Employment Experience <i>(If retired, please state previous occupation). If you are a <u>STUDENT</u>, please complete the Student Application</i>				
Employer	Job Title/Position		From _____ to _____ (dates)	
Previous Volunteer Experience <i>(if applicable)</i>				
Organization	Volunteer Job		From _____ to _____ (dates)	
Organization	Volunteer Job		From _____ to _____ (dates)	
Special Skills/Hobbies <i>(ie. Knitting, bookkeeping, computer, sales, languages spoken). List any computer programs you are familiar with (i.e. Microsoft Word, Powerpoint etc.)</i>				
How did you hear about our volunteer program? <i>Please check</i>				
<input type="checkbox"/>	Volunteer Centre	<input type="checkbox"/>	Radio	
<input type="checkbox"/>	Friend	<input type="checkbox"/>	Newspaper	
<input type="checkbox"/>	TV	<input type="checkbox"/>	Internet	
<input type="checkbox"/>	Other (describe):		<input type="checkbox"/>	Relative a patient
<input type="checkbox"/>			<input type="checkbox"/>	I was a patient
<input type="checkbox"/>			<input type="checkbox"/>	Social Services
Briefly tell us why you are interested in volunteering at North York General Hospital				

Availability <i>Please circle days and times.</i>						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
8:30 am – 11:30 am	8:30 am – 11:30 am	8:30 am – 11:30 am	8:30 am – 11:30 am	8:30 am – 11:30 am	8:30 am – 11:30 am	8:30 am – 11:30 am
11:30 am – 2:30 pm	11:30 am – 2:30 pm	11:30 am – 2:30 pm	11:30 am – 2:30 pm	11:30 am – 2:30 pm	11:30 am – 2:30 pm	11:30 am – 2:30 pm
2:30 pm – 5:30 pm	2:30 pm – 5:30 pm	2:30 pm – 5:30 pm	2:30 pm – 5:30 pm	2:30 pm – 5:30 pm	2:30 pm – 5:30 pm	2:30 pm – 5:30 pm
4:00 pm – 7:00 pm	4:00 pm – 7:00 pm	4:00 pm – 7:00 pm	4:00 pm – 7:00 pm	4:00 pm – 7:00 pm	4:00 pm – 7:00 pm	4:00 pm – 7:00 pm
7:00 pm – 9:00 pm	7:00 pm – 9:00 pm	7:00 pm – 9:00 pm	7:00 pm – 9:00 pm	7:00 pm – 9:00 pm	7:00 pm – 9:00 pm	7:00 pm – 9:00 pm

Which area(s) are you interested in volunteering in? *Please check all that apply. See website for further description if required. These areas include all 3 sites of North York General Hospital (Branson Site, General Site and Seniors' Health Centre)*

<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Clinical Support	<input type="checkbox"/> Non Clinical Support
<input type="checkbox"/> Information Desk	<input type="checkbox"/> Gift Shop/Etcetera	<input type="checkbox"/> Tuck Shop
<input type="checkbox"/> Foundation	<input type="checkbox"/> Spiritual & Religious Care	<input type="checkbox"/> Edlercare Program (Seniors' Health Centre)

Other (describe):

Please read and check before signing

<input type="checkbox"/>	I certify that I am 15 year of age or older and that the information in this application is correct to the best of my knowledge and I understand that any misrepresentation or omission may result in my dismissal if I am accepted as a volunteer.
<input type="checkbox"/>	I understand that not everyone who applies is accepted as a Member of the Volunteer Services Program.
<input type="checkbox"/>	I consent to a Criminal Record Check and Vulnerable Sector Search as required.
<input type="checkbox"/>	I consent to submit 2 references on my behalf to North York General Hospital Volunteer Services.
<input type="checkbox"/>	I agree to serve as a volunteer for one year or a minimum of 75 hours of service to North York General Hospital should I be accepted as a volunteer.
<input type="checkbox"/>	I agree to submit to the Communicable Disease Surveillance Protocol as required by the Ministry of Health.

Signature: _____

Date: _____

For Office Use Only

Placement:	Day (s)	Time (s)
Start Date:	Check List	
	<input type="checkbox"/> Criminal Record	<input type="checkbox"/> Vulnerable Sector Search
		<input type="checkbox"/> Pastoral Visiting Training Date: _____ Location: _____
Orientation Date:	<input type="checkbox"/> Handbook	<input type="checkbox"/> Reference Check x 2
		<input type="checkbox"/> Immunization
Resignation/Termination Date:	<input type="checkbox"/> Identification Badge	<input type="checkbox"/> Parking Pass
		<input type="checkbox"/> Pandemic Planning Team
	<input type="checkbox"/> Tour	<input type="checkbox"/> Orientation Manual
		<input type="checkbox"/> Uniform Deposit
		<input type="checkbox"/> Contract & Confidentiality
Comments:	Volunteer Identification Number (V.I.N.)	

Interviewed by: _____ Date: _____

Revised January 2010

Possible Interest In: Committee Work _____ Buying _____ Other _____
Please initial and date: Office _____ Membership _____ Nominating _____