



North York General Hospital

Including the IODE Children's Centre

Embracing Health

Student Application

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

Program: School Year Program *Due by August 31, 2010
 Summer Program *Due by April 1, 2010

Personal Information

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 #

Education & Employment Experience

School	Grade/Year	Date Completed	Program
Employer	Job Title/Position		From _____ to _____ (dates)

Volunteer Experience (if applicable) *Please attach supporting documentation for verification of hours completed*

Organization	Volunteer Position	From _____ to _____ (dates) Hours contributed: _____
Organization	Volunteer Position	From _____ to _____ (dates) Hours contributed: _____

Special Skills/Hobbies (i.e. computer, sales, languages spoken, play piano etc.)

How did you hear about our volunteer program? Please check

<input type="checkbox"/>	Volunteer Centre	<input type="checkbox"/>	Radio	<input type="checkbox"/>	Relative a patient
<input type="checkbox"/>	Friend	<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	I was a patient
<input type="checkbox"/>	TV	<input type="checkbox"/>	Internet	<input type="checkbox"/>	Social Services
Other (describe):					

Please turn over ⇒

Briefly tell us why you are interested in volunteering at North York General Hospital

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Availability *Please circle days and times.*

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

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 Shop and Tuck Shop	
<input type="checkbox"/> Foundation	<input type="checkbox"/> Spiritual & Religious Care	
<input type="checkbox"/> 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 volunteer.
<input type="checkbox"/>	I consent to North York General Hospital Volunteer Services conducting a Police Record Check, should one be required.
<input type="checkbox"/>	I agree 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 a minimum commitment of 60 hours of service to North York General Hospital should I be accepted as a volunteer.
<input type="checkbox"/>	I agree to submit to the immunization protocol as required by the Ministry of Health
Signature: _____ Date: _____	

For Office Use Only

Placement	Day (s)	Time (s)
Start Date	CHECK LIST	
Orientation Date	<input type="checkbox"/> Handbook	<input type="checkbox"/> Reference Check
Resignation Date	<input type="checkbox"/> ID Badge	<input type="checkbox"/> Parking Pass
	<input type="checkbox"/> Tour	<input type="checkbox"/> Orientation Manual
		<input type="checkbox"/> Immunization
		<input type="checkbox"/> Confidentiality
		<input type="checkbox"/> Uniform Deposit
		<input type="checkbox"/> Contract
		VIN #

Interviewed by: _____ **Date:** _____