

Volunteer Application

COMPLETION INSTRUCTIONS

If the form is filled-out **ON YOUR COMPUTER**, please follow the steps below:

- Step 1** ⇒ Fill-out the form completely and accurately on your computer.
- Step 2** ⇒ Once completed, print and sign the form where indicated with an “X” on page 2 and submit as instructed below.

If the form is filled-out **MANUALLY** (by hand), please follow the steps below:

- Step 1** ⇒ Print the form.
- Step 2** ⇒ Fill-out the form completely and accurately. Please use a black pen and write clearly.
- Step 3** ⇒ Once completed, sign the form where indicated with an “X” on page 2 and submit as instructed below.

Submit the completed and signed Volunteer Application Form as follows:

⇒ Fax to: 905-687-3228

OR ⇒ Scan and send by email to: Volunteer@hoteldieushaver.org

OR ⇒ Drop-off in person or Mail to:

Hotel Dieu Shaver
Att.: Coordinator of Volunteers
541 Glenridge Avenue
St. Catharines, ON L2T 4C2

Questions?

Questions can be directed to the Coordinator of Volunteers at 905-685-1381 ext. 85302

**IF THE FORM IS FILLED-OUT
ON YOUR COMPUTER,
[CLICK HERE](#) TO PROCEED TO THE FORM**

**IF THE FORM IS FILLED-OUT
MANUALLY (by hand),
[CLICK HERE](#) TO PRINT THE FORM**

Volunteer Application

Personal Information			
Full Name (First & Last)		Date of Birth (Optional): Month: _____ Day: _____	
Street Address	Apt./Unit #	City	Province Postal Code
Home Phone Number	Cell Phone Number	Work Phone Number (if we may contact you at work)	
E-mail Address		Language(s) Spoken Other than English	
Have you ever been convicted of a Federal offence for which no pardon has been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Emergency Contact Information		
Emergency Contact Name		Relationship
Home Phone Number	Cell Phone Number	Email Address (if known)

About Yourself
Why are you looking to volunteer? <input type="checkbox"/> School Initiative – If so, please check (✓) the appropriate option: <input type="checkbox"/> Community hours <input type="checkbox"/> Career Focus OR <input type="checkbox"/> Adult or Senior looking to give back to the Community OR <input type="checkbox"/> Other (please specify): _____
Previous Volunteer Experience: <input type="checkbox"/> No <input type="checkbox"/> Yes ⇒ If Yes, please provide details below.
Special Skills: <input type="checkbox"/> No <input type="checkbox"/> Yes ⇒ If Yes, please provide details below (Ex.: Computer Experience, Typing, Sewing, etc.)
Areas of Volunteering You Would Be interested In (Please check (✓) all that apply) <input type="checkbox"/> Dieu Drop In (Shaver Hospital Coffee Shop) <input type="checkbox"/> Eucharistic Ministry <input type="checkbox"/> Gift Gallery (hospital gift shop) <input type="checkbox"/> Therapeutic Recreation <input type="checkbox"/> Gardening <input type="checkbox"/> Entertainment – What kind (e.g.: piano, dance, etc.): _____ <input type="checkbox"/> Specialty Areas (please check (✓)): <input type="checkbox"/> Neuro <input type="checkbox"/> Speech Language Pathology <input type="checkbox"/> Physiotherapy

Availability ⇒ When are you available to volunteer? (Please check (✓) all that apply)	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"/>

References

Please provide the names of two references (not relatives).

I understand that the volunteer department may contact the references shown.

1.	First & Last Name	Relationship
	Address	
	Telephone Number	Best time to reach reference
2.	First & Last Name	Relationship
	Address	
	Telephone Number	Best time to reach reference

THE FOLLOWING STATEMENTS WILL BE REVIEWED AT ORIENTATION

COMMITMENT

All potential long term volunteers are asked for a time commitment in order to provide on-going volunteer services throughout the hospital. Hospital staff uses valuable time in training, evaluating and supervising volunteers and count on them to be reliable. The undersigned volunteer agrees to commit three months of Volunteer Service to the Hotel Dieu Shaver Health and Rehabilitation Centre barring any special circumstances that may arise including termination due to inappropriate actions. All high school students applying for Volunteer Service must adhere to this policy regardless of the nature of the school program. (Students must be 14 years of age or older and in secondary school before applying to Volunteer Services).

IMMUNIZATION & TB SURVEILLANCE

Everyone carrying on activities in the Hospital is required by law to have health screening, including a two-step tuberculin test. Testing can be done by your physician or by the Public Health Department.

CONFIDENTIALITY

All hospital records are to be treated as confidential material, to be protected for the privacy of the client and the employee. No one is expected to read or discuss records unless his/her job so requires. Furthermore, no confidential information is to be discussed outside the hospital. Confidentiality is the right of every patient and everyone affiliated with the hospital. Each of us is expected to respect that right.

WHMIS (WORKPLACE HAZARDOUS MATERIAL INFORMATION SYSTEMS)

Hazardous substances can get in and affect the body through mouth, skin absorption and breathing. In-hospital volunteers need to be aware that unknown substances or spills must be reported to a staff member. Each department has a WHMIS Binder, it is the volunteers responsibility to read this binder.

Acknowledgement & Signature

I understand that this volunteer placement is unpaid and will not lead to employment.

I agree that I am participating in Hotel Dieu Shaver Health and Rehabilitation Centre Volunteer placement program for charitable purposes, or casual observation and I do this on my own initiative.

I have read and understand all the above statements and I agree to abide by the hospital policies.

X

Applicant's Name

Signature

Date (mm-dd-yyyy)