



## Application for Volunteer Service

Mr.  Ms.  Mrs.  Miss

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Age:  14-17  18-25  26-34  35-45  46-55  56-70  70+

**Note: A Guardian Awareness Form must be completed by applicants 17 years or younger.**

### Employment History

Company Name/Employer	Your Job Title	From	To	Reason For Leaving

### Your Volunteer Work

Organization	Your Placement	From	To	Reason For Leaving
Have you ever applied to volunteer with this organization before?		Yes		No
If yes, When?				

**Education** – Formal education is not required to be a volunteer. We welcome experience of all kinds.

	Name of School	Course of Study	Start and End Dates
High School			
Post Secondary – College/University			
Professional Training i.e. Nursing/Physiotherapist			
Trade or Business			

**Availability - please specify the time you would arrive and leave Concordia to volunteer for your shift.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**Time Commitment** ( ) minimum 3 months / 30 hours ( ) Other \_\_\_\_\_  
 How many times per week would you like to volunteer? \_\_\_\_\_

**Please ✓ 3 which of the following assignments are of interest to you.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Clerical Assistance    | <input type="checkbox"/> Emergency*            | <input type="checkbox"/> Gift Shop*               |
| <input type="checkbox"/> Lab/Histology/X-ray    | <input type="checkbox"/> Volunteer Ambassador* | <input type="checkbox"/> Spiritual Care           |
| <input type="checkbox"/> Recreation Activities* | <input type="checkbox"/> Education Services    | <input type="checkbox"/> Palliative Care Visitor* |
| <input type="checkbox"/> Escort Services        | <input type="checkbox"/> Special Events        | <input type="checkbox"/> Oncology                 |
| <input type="checkbox"/> Volunteer Services     | <input type="checkbox"/> Gardening Assistant   | <input type="checkbox"/> Food Services/Vending*   |
| <input type="checkbox"/> Friendly Visiting*     | <input type="checkbox"/> Foundation Projects   | <input type="checkbox"/> Newspaper Delivery*      |

Please note: We have limited opportunities during the evenings and on weekends. Positions marked with an asterisk (\*) indicate availability on evenings and/or weekends.

**Please ✓ 3 skills and experiences you have to offer**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Cash Handling Experience | <input type="checkbox"/> Fundraising                 | <input type="checkbox"/> Computer Skills     |
| <input type="checkbox"/> Musical Ability          | <input type="checkbox"/> Creative ideas              | <input type="checkbox"/> Photography         |
| <input type="checkbox"/> Organizational skills    | <input type="checkbox"/> Special training (specify)  | <input type="checkbox"/> Languages (Specify) |
| <input type="checkbox"/> Nursing                  | <input type="checkbox"/> Entertainment contact       | _____  |
| <input type="checkbox"/> Retail experience        | <input type="checkbox"/> Physical strengths          | <input type="checkbox"/> Other (Specify)     |
| <input type="checkbox"/> Communication            | <input type="checkbox"/> Experience with the elderly | _____  |

**Please ✓ 3 main reasons for volunteering**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Academic Credit       | <input type="checkbox"/> Help others                | <input type="checkbox"/> Practice English skills          |
| <input type="checkbox"/> Employment Experience | <input type="checkbox"/> Improve health care        | <input type="checkbox"/> Referred by medical professional |
| <input type="checkbox"/> Explore careers       | <input type="checkbox"/> Social interaction         | <input type="checkbox"/> Stay active & involved           |
| <input type="checkbox"/> Increase self-esteem  | <input type="checkbox"/> Relative/friend volunteers | <input type="checkbox"/> Other (Specify)                  |
| <input type="checkbox"/> Learn new skills      | <input type="checkbox"/> Mandated Community Service | _____   |

**Please ✓ 3 how you found out about our volunteer program?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Physician                     | <input type="checkbox"/> School                        | <input type="checkbox"/> Radio                           |
| <input type="checkbox"/> Community                     | <input type="checkbox"/> Newspaper                     | <input type="checkbox"/> TV                              |
| <input type="checkbox"/> Volunteer                     | <input type="checkbox"/> Volunteer Center              | <input type="checkbox"/> Referral Organization (specify) |
| <input type="checkbox"/> Previously a patient          | <input type="checkbox"/> Poster/brochure/flyer         | <input type="checkbox"/> Recruitment/Information Booth   |
| <input type="checkbox"/> Visited a patient             | <input type="checkbox"/> Knew about/noticed department | <input type="checkbox"/> Relative/Friend                 |
| <input type="checkbox"/> Employee of this organization | <input type="checkbox"/> Human Resource Department     | <input type="checkbox"/> Website                         |

## Health Information

Please list any intellectual or physical disabilities 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.

Have you had chicken pox?             Yes     No             Unsure

### Who would you like us to contact in case of an emergency?

Name: \_\_\_\_\_ Relationship (to you): \_\_\_\_\_

Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

### References

Please list three current references such as past/present employers, teachers/instructors, youth group leaders, colleagues or a supervisor from a volunteer experience. We **do not accept** family members or personal friends as references **unless you were employed by them**. We **do accept** signed reference letters that are current and on the organization's letterhead.

Name	Organization	How do you know this person?	Phone No.	Fax No.

*I hereby authorize Concordia Hospital Volunteer Services Department to solicit a reference from the above referees to ascertain my suitability as a volunteer. I also understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by Concordia Hospital. I hereby release Concordia Hospital from all liability for any damage whatsoever for issuing same I further authorize the Volunteer Department to maintain this information in their records and release and absolve them from all liability that may otherwise accrue by reason of their keeping this information and using it for their purpose.*

Disclaimer: We take our responsibility for patients and residents seriously, therefore, we screen all our applicants thoroughly. Information shared/learned through the screening process maybe shared with individuals who will be responsible for the performance of the applicant. While we try to place every prospective volunteer, management reserves the right to reject applicants.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**GUARDIAN AWARENESS FORM**  
**(YOUTH 14-17 YEARS OF AGE)**

I, \_\_\_\_\_ HEREBY GIVE MY  
(print name of parent/guardian)

PERMISSION FOR \_\_\_\_\_ TO  
(print name of volunteer)

VOLUNTEER AT CONCORDIA HOSPITAL AND CONCORDIA  
PLACE.

\_\_\_\_\_  
(signature of parent/guardian)

\_\_\_\_\_  
(date)

PHONE # (Days): \_\_\_\_\_ (Evenings): \_\_\_\_\_

**\*\*\*PLEASE BRING THIS SIGNED FORM TO YOUR INTERVIEW.**



## What to Expect When You Apply to Volunteer at Concordia

- Step 1**      ***Applying***
- Applying to volunteer is much like applying for a job. We take many factors into consideration before accepting volunteers for the hospital.
  - We take our responsibility for patients seriously; therefore, we screen all applicants thoroughly.
  - Completing your application as thoroughly as possible will help us assess your suitability for volunteering in a hospital environment.
  - Be sure to provide **three current references with correct phone numbers or email addresses** before
  - Submit your application to Volunteer Services.
  - If you are between the ages of 14 and 17, you will need to complete a Guardian Awareness Form.
- Step 2**      ***The Interview***
- Once our office receives your application, we will call you to arrange a date and time for an interview.
  - The interview is one of our ways of finding out more about you, your interests and availability.
  - During the interview, feel free to ask any question you may have about volunteering at Concordia.
  - We will also discuss the expectations of volunteers and hospital confidentiality.
- Step 3**      ***Screening***
- After your interview, Volunteer Services staff will contact your references.
- Step 4**      ***The Offer***
- If a successful match is made between your skills and abilities and an available position, the Volunteer Services staff will offer you a volunteer position. If you decide to accept the offer, the Volunteer Services staff will call you to arrange a date and time for orientation.
- Step 5**      ***Training & Orientation***
- On the prearranged date and time of orientation, report to Volunteer Services. We are located on the ground level of Concordia Hospital.
  - A uniform and name tag will be given to you.
  - Your will need to read through the training manual. This consists of the hospital's policies and procedures, visions and values, PHIA, and Routine Practices.
  - The Volunteer Services staff will give you a general orientation and tour of the hospital.
- Step 6**      ***First Day***
- You will meet your immediate placement supervisor and receive specific training for your volunteer position.

**Questions? Call the Volunteer Services Office at 661-7112 ext. 4, 5 or 6.**

Holistic Care... Compassion and Respect... Excellence... Accountability... Stewardship...Everyday