



Application for Volunteer Service

Mr. Ms. Mrs. Miss

Last Name: _____ First Name: _____

Address: _____ City: _____

Postal Code: _____ Email: _____

Phone #: _____ Work #: _____ Cell #: _____

Age: 16-17 18-25 26-34 35-45 46-55 56-70 70+

Note: A Guardian Awareness Form must be completed for applicants 16 & 17 years of age.

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 & 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 5 months/50 hours () Other _____
 How many times per week would you like to volunteer? _____

Please ✓ 3 of the following assignments/departments that interest you.

- () Board/Committee () Falls Prevention Ambassador* () Recreation Assistant*
- () Cancer Care Ambassador () Front Lobby Ambassador () Vending Assistant*
- () Chapel Assistant* () Fundraising Assistant () Visitation*
- () Child Care Ambassador () Gift Shop Assistant* () Volunteer Ambassador*
- () Clerical Assistant () Lab/Histology/X-ray () Volunteer Services Assistant
- () Emergency Ambassador* () Newspaper Delivery* () Water Delivery Assistant*
- () Medical Escort () Palliative Care Visitation*

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

- () Cash Handling Experience () Fundraising () Photography
- () Communication () Languages (Specify): _____ () Physical strengths
- () Computer Skills _____ () Retail experience
- () Creative ideas () Musical Ability () Special training (specify)
- () Entertainment contact () Nursing () Other (Specify)
- () Experience with the elderly () Organizational skills _____

Please ✓ 3 main reasons for volunteering

- () Employment Experience () Learn new skills () Social interaction
- () Explore careers () Mandated Community Service () Stay Active and Involved
- () Help others () Practice English skills () Other (Specify)
- () Improve health care () Referred by medical professional _____
- () Increase self-esteem () Relative/friend volunteers
- () Academic Credit: Please indicate program: _____

Teacher/Supervisor at school:

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

- () Community () Previously a patient () TV
- () Employee of this organization () Radio () Visited a patient
- () Knew about/noticed department () Recruitment/Information Booth () Volunteer
- () Newspaper () Referral Organization (specify) () Volunteer Center
- () Physician () Relative/Friend () Website
- () Poster/brochure/flyer () School () Other: _____

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 volunteer 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 #: _____ Alternate #: _____

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: _____

PHOTO
CONSENT

As a volunteer your photograph may be taken during volunteer activities and special events. These photographs are used for various purposes such as newsletters, public relations, or newspaper articles and volunteer identification.

I hereby give Concordia Volunteer Services the absolute right and permission to copyright and/or publicize, or photographic portraits or pictures of me, or videotaped images in which I may be included in whole or part for use of advertising, art, trade, and any other lawful purpose whatsoever.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian, if under 18: _____ Date: _____

GUARDIAN AWARENESS FORM
(YOUTH 16 & 17 YEARS OF AGE)

I, _____ am aware that my
(print name of parent/guardian)

Son/Daughter/Other _____ has applied to
(print name of volunteer)

volunteer at Concordia Hospital or Concordia Place. I understand that "volunteering" is a contractual agreement between my Son/Daughter/Other and Concordia, and that Concordia reserves the right to notify me of any performance successes or issues.

(signature of parent/guardian)

(date)

PHONE # (Days): _____ (Evenings): _____

EMAIL ADDRESS: _____

(signature of volunteer)

(date)

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