



For Office Use Only:
Date Received:

Volunteer Application Form

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ E-mail Address: _____

PROGRAM(S) OF INTEREST

In-Hospital

- Portering
- Water Program
- Sewing & Repairs
- Gift Shop
- Palliative Care
- Entertain/Music

Grove Nursing Home

- Recreation Program
- Special Events
- Meal Assistance
- Ministerial/Bible Study
- Palliative Care
- Entertain/Music

Opportunity Shop

- Sales Clerks
- Sorters
- OTHER _____

Off-Site

- Knitting
- Crafts

Seniors Assisted Living Centre

- Program assistance
- Membership assistance
- Support with special events
- Hall assembly and disassembly
- Light cleaning/monitoring facility
- Opening and closing facility



WORK/EDUCATION HISTORY

Education History:

Work History:

Special Skills/ Certificates/ Interests:

VOLUNTEER EXPERIENCE

Start Date: _____ End Date: _____ Position Held: _____

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Please indicate times (with an “x”) that you would be available to volunteer*:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning							
Afternoon							
Evening							

*This will just give us a general idea of your availability and this is subject to change at any time at your discretion. The Hospital understands that volunteers have personal commitments (i.e., appointments, travel plans) and as such, there are no set “minimum hours” required as long as the volunteer meets 24 hours each fiscal year. The hours/dates/times that you contribute are decided entirely by you, whether it’s once per week, once per month or if you’re only available certain seasons.

REFERENCES PLEASE PROVIDE TWO WRITTEN REFERENCES.

THE “WRITTEN REFERENCE CHECK FORM” IS INCLUDED IN YOUR VOLUNTEER PACKAGE.

EMERGENCY NOTIFICATION

Name: _____ Relationship: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Other Requirements/Information

Current Vulnerable Sector Screening Certificate Required (for all volunteers, dated no less than 6 months from your start date with ARH)

Immunizations Required (for all Hospital, Grove & SALC volunteers):

- ✓ Hepatitis B
- ✓ Measles/Mumps/Rubella
- ✓ Tetanus/Diphtheria/Pertussis
- ✓ Varicella
- ✓ 2-step TB Skin Test

No records available? We can arrange for blood work to determine your immunity levels!

Mandatory Orientation (for all Hospital, Grove & SALC volunteers) ***This is offered once per month, and is always held on a Monday from 8am-12pm at the Hospital. Please email/call to sign up for an upcoming session.***

For inquiries on criminal reference checks, immunizations/blood work ,or to sign up for Corporate Orientation please contact us!

By email: volunteering@arnpriorhealth.ca

By Telephone: **613-623-3166 x 222**

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

I understand and agree that: to the best of my knowledge the information I have provided is complete and accurate in every respect. Any misrepresentation or deliberate omission of a fact in my application will be justification for refusal of the opportunity to volunteer, just cause for the termination from the Arnprior and District Memorial Hospital and The Grove volunteer program with volunteer resources.

Name (Print)	Signature of Applicant	Date
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