Volunteer Application Form

PERSONAL INFORMATION

Last Name: ___________________________ First Name: ___________________________
Address: ______________________________
City: ____________________ Province: ___________ Postal Code: ___________
Phone Number: ________________ E-mail Address: ______________________________

PROGRAM(S) OF INTEREST

<table>
<thead>
<tr>
<th>In-Hospital</th>
<th>Grove Nursing Home</th>
<th>Opportunity Shop</th>
<th>Off-Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Portering</td>
<td>□ Recreation Program</td>
<td>□ Sales Clerks</td>
<td>□ Knitting</td>
</tr>
<tr>
<td>□ Water Program</td>
<td>□ Special Events</td>
<td>□ Sorters</td>
<td>□ Crafts</td>
</tr>
<tr>
<td>□ Sewing &amp; Repairs</td>
<td>□ Meal Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Gift Shop</td>
<td>□ Ministerial/Bible Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Palliative Care</td>
<td>□ Palliative Care</td>
<td>□ OTHER</td>
<td></td>
</tr>
<tr>
<td>□ Entertain/Music</td>
<td>□ Entertain/Music</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: __________________________

Start Date: ________  End Date: ________  Position Held: __________________________

Start Date: ________  End Date: ________  Position Held: __________________________

Start Date: ________  End Date: ________  Position Held: __________________________
Please indicate times (with an “x”) that you would be available to volunteer*:

<table>
<thead>
<tr>
<th></th>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Afternoon</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evening</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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/Diptheria/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