

VOLUNTEER APPLICATION FORM

VOLUNTEER CONTACT INFORMATION			
Last Name	First Name	Middle initial	
Date of Birth (optional) (dd/month/yyyy):			
Address	City/town	Province	Postal Code
Telephone Numbers: Home		Other	
Email:			
In Case of Emergency Contact:		Relationship:	
Telephone Numbers: Home		Other	

VOLUNTEER HISTORY
Have you previously volunteered for one of the sites within Eastern Health? If yes, indicate when and the role you held:
Please list any other volunteer positions you've held:
Indicate what best describes you (select one): <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Seeking work <input type="checkbox"/> Student <input type="checkbox"/> Other:
Indicate the highest level of education obtained: <input type="checkbox"/> University <input type="checkbox"/> Diploma <input type="checkbox"/> High school <input type="checkbox"/> Other:
Area of study:

AVAILABILITY - Please indicate when you are available to volunteer							
Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							
Are there other times of the year when you are <i>unable</i> to volunteer (e.g. summer, spring break, etc.)?							
Are you interested in volunteering on a (select one): <input type="checkbox"/> Short term basis (up to 6 months) <input type="checkbox"/> Longer term basis(longer than 6 months) <input type="checkbox"/> Other - please describe:							



Volunteer Resources

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INTEREST & ABILITIES

Identify your reasons for wanting to volunteer at Eastern Health (select all that apply):

- Gain new skills
- Apply my skills
- Gain experience for work
- Meet new people
- Help others
- Give back to the community
- Network
- Explore a career in health care
- Requirement for school
- Other - please describe:

Identify the volunteer positions that interest you (please see Eastern Health website for a list of positions):

Identify any special skills/hobbies/languages spoken:

How did you find out about volunteer opportunities at Eastern Health?

- Brochure
- Church Bulletin
- Eastern Health Website
- Newspaper
- Radio
- School
- Workplace
- Word of mouth
- Volunteer Coordinator
- Volunteer Event
- Other - please describe:

Signature: _____ Date (dd/month/yyyy): _____



Eastern
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VOLUNTEER APPLICATION FORM

Parental/Guardian Consent is required for youth aged 14 to 17 years to volunteer

I consent for my son/daughter to volunteer at Eastern Health

Parent/Guardian Name (please print):

Address

City/Town

Province

Postal Code

Phone (home/work/cell):

Signature: _____ Date (dd/month/yyyy): _____