



Your application will be kept on file for 6 months. Due to the overwhelming support from our community, not all applicants can be contacted for placement.

AGE REQUIREMENT – Minimum 15 years

Volunteer's Hospital Photo ID # _____

PERSONAL INFORMATION: (please print)

DATE: _____/_____/_____

SURNAME (LAST NAME) GIVEN NAMES (circle the one normally used) Mr./Mrs./Miss/Ms.

Apt. #, Street # and Name City and Province Postal Code

Home Telephone # CELL and/or Business Phone # Ext.

Email Address: _____ (for Volunteer Services use only)

EMERGENCY CONTACT:

Name Relationship Telephone #

EDUCATION INFORMATION:

Are you volunteering to complete 40 Hours of Community Service for High School? Yes No

School Name: _____ Grade _____

College/University: _____ Year : 1 2 3 4 Program: _____
(circle)

If you are volunteering as part of an academic requirement complete this section:

Name of Institution: _____ Course Name: _____

Instructor: _____ # of Hours Required: _____

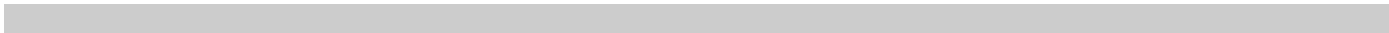
EMPLOYMENT:

I am presently: Employed Unemployed Retired

Employer: _____ Phone #: _____

VOLUNTEER EXPERIENCE:

Organization(s) Position(s) Date/length of service



TYPE OF VOLUNTEER SERVICE DESIRED: (check all that apply)

- No Preference
- Assist with Patients
- Coffee Bar
- Gift Shop
- Office Assistance
- _____

REASON FOR VOLUNTEERING:

- To help others
- Learn new skills
- Be challenged
- Meet new people
- Keep busy
- Explore career opportunity
- Show appreciation
- Academic Requirement
- 40 Hour Secondary School Community Service Requirement
- Other

AVAILABILITY: (*please specify the times* you will be available for a volunteer assignment – i.e. 4 to 8)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings - 8am to noon							
Afternoons - noon to 4pm							
Evenings - 4pm to 8pm							

Do you have any physical conditions that may require special consideration? Yes No

If yes, please specify:

***Volunteering on a weekly basis is a big responsibility.
Please make sure this is a good time in your life for such a commitment.
A minimum four month commitment is required.***

I certify that the statements made in this volunteer application are true and correct, and have been made voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information. I understand that as a volunteer of Hôtel-Dieu Grace Healthcare, ***I will not be paid for my services.***

Reference letters are provided after four months **and** 60 hours of continuous volunteer service, and are provided at the discretion of the Department of Volunteer Services. Requests must be submitted two weeks in advance.

Signed: _____ Date: _____ / _____

Thank you for completing this form. Please forward the completed form to:
**Hôtel Dieu Grace Healthcare,
 Tayfour Campus
 Volunteer Services
 1453 Prince Road.
 Windsor, ON N9C 3Z4
 volunteerservices@hdgh.org
 Fax : 519-257-5119**

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