



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

**LANGUAGES SPOKEN:**

English  French  Other: \_\_\_\_\_

**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
<b>Mornings</b> - 8am to noon							
<b>Afternoons</b> - noon to 4pm							
<b>Evenings</b> - 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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HÔTEL-DIEU GRACE  
ESTD HEALTHCARE 1888

## VOLUNTEER REFERENCE FORM

References can not be provided from family members.

VOLUNTEER NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

REFEREES NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

The above mentioned individual has applied to be a volunteer at Hôtel-Dieu Grace Healthcare and has given your name as a reference.

Kindly complete the following questions and return this form to the applicant to submit with their application, or mail or fax it to the address below. The information you provide will help us place this individual in a suitable volunteer position. All information will be held in confidence.

1. What is your relationship to the applicant (e.g. employer, co-worker, doctor, pastor etc.)?
2. How long have you known this person?
3. Do you feel that the applicant is reliable enough to volunteer on a regular basis?
4. Does the applicant follow tasks through to completion?
5. What special qualities and/or strengths do you feel the applicant has which would make him/her a good candidate for volunteering at the Hospital?
6. What areas do you feel the applicant needs to improve upon (e.g. punctuality, reliability, self-confidence, etc.)?
7. Would you recommend this person as a volunteer?      Yes      No

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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