



VOLUNTEER APPLICATION FORM

SECTION A	Date
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Mr. Miss Mrs Ms Last Name: _____ First Name: _____

Apt # _____ Address: _____ City: _____ Postal Code _____

Contact Information: Email: _____ Cell: _____ Home: _____

Date of Birth: _____ (to be completed after Onboarding)

Select Site you are Applying To: Birchmount Site Centenary Site General Site

Please indicate which category you are in: High School Student Post Secondary Student Adult

Legal Status in Canada (Optional-For SRH diversity management initiatives only**):**

Citizen Student Visitor Permanent Resident Other Specify _____

Your Native Country: _____ **optional for SRH diversity management initiative only**

Education: (Please indicate **Country of Education):** _____ **optional for SRH diversity management initiative only**

High School Post-Secondary Other _____

Emergency Contact Information:

First Name: _____ Last Name: _____ Relationship: _____

Tel: _____ Email address: _____

Employment Experience: Attach resume. (If retired, please state most recent previous occupation)

Employer _____ Job Title/Position _____ From: _____ To: _____

Volunteer Experience: (if applicable). Please attach documentation to verify hours completed at SRH

Organization: _____ Volunteer Role: _____ From: _____ To: _____

Organization: _____ Volunteer Role: _____ From: _____ To: _____

Special Skills, Interests or Hobbies: (Book-keeping, Computer, Crafts, Crochet, Knitting, Sales)

Computer Skills: (List Computer Programmes)

English: Are you fluent in English? (Read, Write and Speak) Yes No

Other Languages: Read, Write or Speak? (Please also indicate level of Proficiency):

How did you hear of the Volunteer Program:

Volunteer Services Internet Friend Patient Relative Social Services Current Employee

Other (please specify) _____

Briefly explain why you are interested in volunteering at Scarborough and Rouge Hospital:

Indicate your availability for volunteering (Please select)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> 8am – 12pm	<input type="checkbox"/> 8am –12pm	<input type="checkbox"/> 8am –12pm	<input type="checkbox"/> 8am –12pm	<input type="checkbox"/> 8am –12pm	<input type="checkbox"/> 8am –12pm	<input type="checkbox"/> 8am –12pm
<input type="checkbox"/> 12pm–4pm	<input type="checkbox"/> 12pm–4pm	<input type="checkbox"/> 12pm–4pm	<input type="checkbox"/> 12pm–4pm	<input type="checkbox"/> 12pm–4pm	<input type="checkbox"/> 12pm–4pm	<input type="checkbox"/> 12pm–4pm
<input type="checkbox"/> 4pm to 8pm	<input type="checkbox"/> 4pm to 8pm	<input type="checkbox"/> 4pm to 8pm	<input type="checkbox"/> 4pm to 8pm	<input type="checkbox"/> 4pm to 8pm	<input type="checkbox"/> 4pm to 8pm	<input type="checkbox"/> 4pm to 8pm

*Flexibility is required for some 7am start shifts, as necessary.

Please check areas of interest for volunteer work:

Patient services Support services (Information, clerical offices, registration, fundraising, gift shops, foundation events)

Other (please specify)

Please list your current community involvement/affiliation:



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SECTION B

For conditional acceptance as a volunteer please read and check off all the items in this section.

- I certify that I am 15 years of age or older
- I certify that I will undergo a criminal background check, including a vulnerable sector check, prior to my start date **if I am offered a volunteer placement at SRH**
- I agree to submit record of a two-step TB test and 5 vaccines as required by the Ministry of Health
- I consent to submit three references on my behalf, as per the outlined criteria on the Reference Form
- I agree to serve as a Volunteer for one year minimum, at SRH, if accepted as Volunteer
- I understand that during the course of my volunteering, I may be required to undergo mandatory training, **related to government or hospital operations/procedures and I agree to participate, as required**
- I understand that for patient and volunteer/staff safety, SRH may require volunteers to provide **proof of fitness to perform required duties in the form of medical confirmation at any time of the placement**
- I understand that as a Volunteer, I am not eligible to apply for Internal Job Postings, however, **only those posted externally on the internet**
- I understand that not every applicant may be accepted as a Volunteer
- I understand that I may be placed in a Volunteer placement that could be outside of my field of work/background/expectation
- I certify that the information I have provided is true and understand that any misrepresentation or omission may result in my dismissal if accepted as a Volunteer
- I certify that I am the above mentioned person applying for this volunteer placement
- I agree not to disclose, or authorize the disclosure of any information or knowledge concerning any matter **of which I become aware, relating to patients or the business of SRH, either during or at any time subsequent to my volunteering at SRH**

CONDITIONAL ACCEPTANCE

If you have checked all the boxes in Section B, you are accepted as a SRH volunteer, conditional upon completion of Section C

- I accept this conditional offer as a SRH volunteer. (Please proceed to section C)

SECTION C

Please submit your completed Volunteer Package (this 2-page conditional acceptance application form, 3 references, resume and health screening (TB test and 5 Vaccines) done by a family doctor/walk-in Clinic. Upon receipt of all completed forms, you will be invited for a pre-placement interview. After the pre-placement interview, applicants must also adhere to the following:

As a condition of volunteering, you will be required to provide a satisfactory combined Criminal Record and Vulnerable Sector Check in compliance with our criminal background check policy and procedure. Proof of your application (receipt of payment) to have this check completed is required prior to your start date. It is expected that results would be received by the Volunteer Services office no later than three (3) months following your start date. Anything that delays the background check as required may result in the delay of your start date or termination of your volunteering. The results of all background checks will be held in strict confidence.

Your signature below indicates that you have read, understand and agree to comply with the items that have been checked. (To be signed in person only at the pre-placement interview)

Signature: _____ Date: _____

To submit application; email to: volunteeroffice@rougevalley.ca or tsh-volunteerservices@tsh.to
Or by mail/in person to one of the Volunteer Services Office (addresses listed below)

Scarborough and Rouge Hospital Birchmount Site | 3030 Birchmount Ave. | Scarborough, ON M1W 3W3
Scarborough and Rouge Hospital Centenary Site | 2867 Ellesmere Rd. | Scarborough, ON M1E 4B9
Scarborough and Rouge Hospital General Site | 3050 Lawrence Ave. East | Scarborough, ON M1P 2V5

For Office Use Only:

Check List:

- Application Form
- 3 References
- Health Screening Results
- Resume