



**Name:**  
**Email address:**  
**Phone #:**

**Please read and answer yes or no for all items.**

<b>Pre-application check-list and conditional Offer</b>	<b>Yes/No</b>
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 SHN	
I understand that my placement or offer of placement will result in termination if the criminal background check results are not satisfactory to the Hospital.	
I agree to submit the results after having a two-step TB test done, as required by the Ministry of Health.	
I consent to have two references submitted on my behalf, as per the outlined criteria on the Reference Form.	
I agree to serve as a Volunteer for one year minimum, at SHN, if accepted as a Volunteer.	
I understand that I will be required to serve a probationary period of three months.	
I understand that during the course of my volunteering, I will be required to undergo mandatory orientation and training, related to government or hospital operations/procedures, and, I agree to participate, as required.	
I understand that for patient and volunteer/staff safety, SHN 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 not every applicant is accepted as a Volunteer.	
I understand that as a Volunteer, I am not eligible to apply for Internal Job Postings, however, only to those posted externally on the Internet.	
I understand that I may be placed in a Volunteer position that could be outside of my field of work/background.	
I certify that the information I have provided is true and I 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 position.	
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 SHN, either during or at any time subsequent to my volunteering at SHN.	
I agree to complete and submit the final step online application form after I have submitted the health screening, reference forms, resume and a copy of this form with the signed acknowledgement of conditional offer.	

**CONDITIONAL OFFER:**

**If you answered yes to all of the questions in the pre-application form, you are conditionally accepted as an SHN volunteer. Please sign and submit the acknowledgement, along with your health screening results, reference forms and an updated resume before you complete the online final step of the application process. After all documents are received, you will be required to complete a pre-placement interview and orientation before you can begin volunteering.**

**CONDITIONAL OFFER ACKNOWLEDGEMENT:**

Birchmount hospital: 3030 Birchmount Rd., Scarborough, ON M1W 3W3 | 416-495-2400  
 Centenary hospital: 2867 Ellesmere Rd., Scarborough, ON M1E 4B9 | 416-284-8131  
 General hospital: 3050 Lawrence Ave. E., Scarborough, ON M1P 2V5 | 416-438-2911

SHN.ca

**I have read, understood, agreed and will comply with all the information in the pre-application form and conditional offer. I therefore accept this conditional offer as an SHN volunteer.**

**Signature: .**

**Please save this document, and must be submitted with all required documents to [volunteerservices@shn.ca](mailto:volunteerservices@shn.ca) before you complete the final step of your online application. You will then be contacted for a pre-placement interview.**