



VOLUNTEER APPLICATION FORM

Date Received:

SECTION A

Mr. Miss. Mrs. Ms. Last Name First Name
Apt. # Address: City: Postal Code:
Email: Cell: Home:
Date of Birth: (to be completed after onboarding)

Please indicate which 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:

Citizen Student Visitor Permanent Resident Landed Immigrant
Other (specify)

*Your Native Country: *Optional - For SRHN diversity management initiatives only

Emergency Contact Information:

First Name Last Name Relationship:
Phone #: Email Address :

Education: (Please indicate *Country of Education): (*Optional - to support diversity initiatives)

High School Post-secondary Other

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 SHN or elsewhere.

Organization: Volunteer Role: From: To:

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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)

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

How did you hear of the Volunteer Programme:

Volunteer Services Friend Relative Current Employee Other
Internet Patient Social Services

Briefly tell us why you are interested in volunteering at Scarborough Health Network:

Table with 7 columns (Monday-Sunday) and 3 rows (8am-12pm, 12pm-4pm, 4pm-8pm) for indicating availability for volunteering.

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

Please indicate your areas of interest for volunteer work:

Patient Focused Fundraising: (Gift Shops, Foundation events, other)
Non-clinical Support (Information, Clerical offices, Welcome Registration, etc.) Other (Please Specify):

Please list your current community involvement/affiliation:

Do you require accommodation for a disability during any phase of recruitment and or your volunteer assignment?

Section B

For conditional acceptance as a volunteer please read and check off all 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 SHN.
- I understand that my placement or offer of placement may be terminated if the criminal background check results are not satisfactory to the Hospital.
- I agree to submit to having a two-step TB test and 5 vaccines done, 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 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 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, 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 may be 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/expectation .
- 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.

CONDITIONAL ACCEPTANCE

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

I accept this conditional offer as a SHN volunteer. Please proceed to section C.

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: _____ Date: _____

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 Check 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.

Apply online, or email to:

Or by mail/in person to one of the Volunteer Services offices: Birchmount, Centenary or General site

For Office Use Only:

Orientation Date: _____

Termination Date: _____

Start Date: _____

Criminal Record

3 References

Health Screen

Check Lists:

ID Badge

SRH Learning Module

Uniform

Confidentiality Policy

Signature: _____