

# Volunteer Application Form

| PERSONAL INFORMATION*        |                        |
|------------------------------|------------------------|
| Name:                        |                        |
| Home Address:                |                        |
| City:                        | Province: Postal Code: |
| Home Phone:                  | Emergency Contact:     |
| Business/Cell Phone:         | Relationship:          |
| Email Address:               | Home Phone:            |
| Area of Interest (if known): | Business/Cell Phone:   |

**I AM CURRENTLY:**  University/College Student  Adult

| YOUR AVAILABILITY (PLEASE INDICATE ALL POSSIBILITIES) |                          |                          |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   | MONDAY                   | TUESDAY                  | WEDNESDAY                | THURSDAY                 | FRIDAY                   | SATURDAY                 | SUNDAY                   |
| <b>MORNING</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>AFTERNOON</b>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>EVENING</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Are you interested in volunteering:  6 months  12 months  long term

**I want to Volunteer at PRHC to (please check all that apply):**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> help others                | <input type="checkbox"/> learn new skills | <input type="checkbox"/> show appreciation for help I received |
| <input type="checkbox"/> gain personal satisfaction | <input type="checkbox"/> keep busy        | <input type="checkbox"/> explore career opportunities          |
| <input type="checkbox"/> meet people                | <input type="checkbox"/> share expertise  | <input type="checkbox"/> other                                 |

**I heard about volunteering at PRHC from:**

- Media  PRHC staff  PRHC volunteer  Visiting PRHC  Other

I am willing to share my email address and phone number(s) with other volunteers in the service I am assigned to for scheduling purposes.  Yes  No

In the course of my volunteer placement, I may learn private or intimate information about patients, visitors or staff. I promise NOT to discuss such information with other volunteers, employees, patients, or other persons. Discussions in the line of any Health Centre matter pertaining to the patient and his/her care shall not be done in public places, or areas where others present are able to overhear the conversation. Contravention of this policy may result in dismissal.

I understand the policy regarding confidentiality and hereby agree to respect the confidentiality of any and all information I may receive regarding patients and staff while working as a volunteer with Peterborough Regional Health Centre.

I also pledge myself to perform to the best of my ability any task that is assigned to me and to which I have agreed. I will strive to be punctual and conscientious in the fulfillment of my duties.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

\*All personal information will be stored and used for Volunteer Services purposes only.