

PETERBOROUGH REGIONAL HEALTH CENTRE

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
MORNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTERNOON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVENING	<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):

help others learn new skills show appreciation for help received
 personal satisfaction keep busy explore career opportunities
 meet people share expertise 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 numbers 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 of facts intimate to 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 the 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.