Date Application Received: _____

PETERBOROUGH REGIONAL HEALTH CENTRE

STUDENT VOLUNTEER APPLICATION

PERSONAL INFORMATION		
Name:		
Home Address:		
City:	Province:	Postal Code:
School:	Date of Birth *(must be 14 years of age to be considered)*:	
Home Phone:	Emergency Contact:	
Cell Phone:	Relationship:	
Email Address:	Contact Home Phone:	
Area of Interest (if known):	Contact Business/Cell Phone:	

Please use all the lines below to tell us in a short essay style, how you heard about our program and why you are interested in volunteering in a healthcare setting?

What are your interests or hobbies?

PETERBOROUGH REGIONAL HEALTH CENTRE

STUDENT VOLUNTEER APPLICATION

YOUR AVAILABILITY (PLEASE INDICATE ALL POSSIBILITIES)							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING	☐	☐	☐	☐	☐	☐	☐
AFTERNOON	☐	☐	☐	☐	☐	☐	☐
EVENING	☐	☐	☐	☐	☐	☐	☐

CONSENT OF PARENT OR GUARDIAN:

Are there are any restrictions that need to be accommodated for your son/daughter? Please describe:

This is to certify that my son/daughter is offering volunteer service to the Peterborough Regional Health Centre with my knowledge and consent. I understand and support the commitment my child is making as a volunteer at the Health Centre.

Parent/Guardian Signature:_____

Date (DD/MM/YYYY): _____

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