



London Health Sciences Centre

Volunteer Services
ADULT APPLICATION

Your application will be kept on file for 6 months. Due to the overwhelming support from our community, not all applicants can be contacted for an interview.

Please indicate location where you wish to volunteer and mail to appropriate address:

UNIVERSITY HOSPITAL
c/o Volunteer Services
339 Windermere Rd.
PO Box 5339
London, ON N6A 5A5

VICTORIA HOSPITAL
c/o Volunteer Services
800 Commissioners Rd. E.
PO Box 5010
London, ON N6A 5W9

I wish to volunteer at either location and have forwarded an application to each address.

(PLEASE PRINT)

Date: (YYYY/MM/DD) _____

Name: _____

E-mail: _____

Current Address: _____

Phone No.: _____

Postal Code: _____

ALTERNATE ADDRESS: (If above address is not permanent)

Phone No.: _____

Postal Code: _____

Employer/School: _____

Phone No: _____

Occupation: _____

In case of emergency notify: _____
(name and telephone number)

Previous work experience: (include type of employment and previous volunteer experience)

Education/Training and special interests/hobbies: _____

Student career interest (ie. medicine, nursing, physio, firefighter, etc.): _____

Have you been a volunteer at LHSC? ____: University Hospital Victoria Hospital When: _____

Please indicate your availability on the following chart:

TIME	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (8-12)							
Afternoon (12-4)							
Evening							

INTERESTS: (Please check more than one)

- | | |
|---|--|
| <input type="checkbox"/> Clinics - assisting staff and patients | <input type="checkbox"/> Garden Shoppe - Auxiliary (Victoria Hospital) |
| <input type="checkbox"/> Patient/family support/visiting | <input type="checkbox"/> Nevada Ticket Sales - Auxiliary (Victoria Hospital) |
| <input type="checkbox"/> Children's program (Victoria Hospital) | <input type="checkbox"/> Gift Shops - Auxiliary |
| <input type="checkbox"/> Emergency | |
| <input type="checkbox"/> Meeting/greeting people
(guide service, messenger, reception) | |
| <input type="checkbox"/> Office assistance
(e.g. filing, collating, telephone) | |

Please list **TWO** references (no family members) including e-mail address OR mailing address with postal code and phone number:

1. _____

2. _____

I understand and agree that LONDON HEALTH SCIENCES CENTRE will request information from the above reference. I authorize my references to release all information as requested.

Signature: _____ Date: (YYYY/MM/DD) _____

Have you been convicted of an offence in respect of which a pardon has not been granted under the Criminal records Act and has not been revoked?

- Yes No (Ontario Human Rights Code)

If accepted as a volunteer, applicant agrees to a regular time commitment, to have a two-step TB skin test, to get a Hospital ID badge, to sign a Contract of Confidentiality and to participate in the Volunteer Services Orientation program.

Signature: _____ Date: (YYYY/MM/DD) _____

THIS SECTION FOR USE BY VOLUNTEER SERVICES

Interviewed by: _____ Date: (YYYY/MM/DD) _____

Orientation Date: (YYYY/MM/DD) _____ Service Area: _____

Start/Training Date: _____ Service Day/Time: _____

Contact Person: _____ Service Notified: _____

Interviewer's Comments: _____