

## HIGH SCHOOL STUDENT APPLICATION SUMMER VOLUNTEER PROGRAM

\*\*Must be 16 years of age or older to volunteer at London Health Sciences Centre.\*\*
TO BE CONSIDERED, APPLICATIONS AND REFERENCES MUST BE RECEIVED BY MAY 15, 2020.

Please indicate	site/s where y	ou wish t	o volu	ınteer: 🗆	Victo	oria Ho	ospital	⊐ Ur	niversity Ho	spital
How did you hear about volunteering with LHSC?										
□ Poster	□ Present	ation $\Box$	Soc	ial Media 🏻 🗈	□ Woı	rd of Mo	outh 🗆	Othe	er	<del></del>
PLEASE PRINT										
Last Name: First Name:						Common name				:
Telephone (preferred contact #): Email:										
Permanent/Home Address:						City:			Postal Code:	
Local Emergenc	y Contact								•	
Name:	Name: Rela			ationship:				Telephone:		
AVAILABILITY Indicate your availability on the following chart:  (Note: There are limited summer vacancies therefore consideration of your application will depend highly on your availability.)										
TIME	Monday	Tuesda		Wednesday		sday	Friday			
Morning (8-12)									☐ Could be available for weekend shifts	
Afternoon (12-4)										
For placement consideration, please indicate your commitment (applicants must be available 7 out of the 9 weeks):										
I can begin volunteering on this date: I am available until this date:										
Will you be attending Summer School Summer School Dates and times:										
AREAS OF INT	EREST									CHECK AREAS
(Please note: Selecting an area of interest does not guarantee placement in that area.)									OF INTEREST	
CLINICS - Helping with the patient flow of an outpatient clinic										
CHILDREN'S PRO		_		•	•		-			
**Only candidates who are 18 years or more <u>and</u> have had a Police Information Check in the past 3 months will be considered for the Children's Program**										
DIETARY/MENU PICK-UP- Collection of patient menus- <b>UH only</b>										
INFORMATION/	GUIDE ROLE-	Assisting vis	itors w	vith general inqu	uiries an	d directi	ons througho	ut LH	SC	
OFFICE ASSISTANCE - Clerical support for a patient care area; filing, collating etc.										
MUSIC- Playing musical instrument to patients in a common area.										
*Please indicate instrument:  **An audition will be part of the interview process**										
WAITING ROOMS - Keeping communication lines open between patients/staff, help with the patient/visitor flow										
What insights, knowledge, skills & attributes do you feel you would bring to LHSC?										

School:	Skills/Hobbies/Award	ds (Scholastic/ Extra-Curri	1 \								
		Skills/Hobbies/Awards (Scholastic/ Extra-Curricular):									
Previous Work Experience:											
	Employer	Start Date	Start Date End Date								
erience:											
	Organization	Start Date	End Date								
It is your responsibility as the applicant to send the LHSC Volunteer Reference Form to the 2 references listed below. It is the reference's responsibility to send the completed reference form to our office directly.  References will not be accepted from the applicant. Family members and friends are not recommended references.											
	Relationship:	Email:									
	Relationship:	Email:	Email:								
I understand and agree that London Health Sciences Centre may contact my references to verify information they provide on the reference form. I authorize my references to release all information as requested.  **Applicant's Signature:**  **Date (YYYY/MM/DD):**											
If accepted as a volunteer, I agree to a regular time commitment, 2-step TB skin test & review of immunizations, ID badge, confidentiality agreement, orientation/education program and Police Information Check / Offense Declaration as a condition of placement.  **Applicant's Signature:**  Date (YYYY/MM/DD):											
	erience:  as the applicant to e's responsibility to ecepted from the et London Health Sciuthorize my reference er, I agree to a regular agreement, orienters.	erience:  Organization  as the applicant to send the LHSC Volunteer Ree's responsibility to send the completed reference to the applicant. Family members and the applicant. Family members are Relationship:  Relationship:  Relationship:  At London Health Sciences Centre may contact my restricted my references to release all information as the Date (modern, I agree to a regular time commitment, 2-stems agreement, orientation/education program are not of placement.	Employer  Start Date  Organization  Start Date  Start Date  Organization  Start Date  Start Date  Start Date  Organization  Start Date  The applicant to send the LHSC Volunteer Reference Form to the 2 refers responsibility to send the completed reference form to our office of completed from the applicant. Family members and friends are not recome Relationship:  Email:  Relationship:  Email:  Start Date  Start Date  Form to the 2 reference form to our office of complete from the applicant. Family members and friends are not recome start from the applicant.  Email:  Start Date  Start Date  Form to the 2 reference form to our office of complete from the applicant.  Email:  Start Date  Start Date  Form to the 2 reference form to our office of complete from the applicant.  Email:  Start Date  Form to the 2 reference form to our office of complete from the applicant.  Email:  Start Date  Form to the 2 reference form to our office of complete from the applicant of complete from the applicant.  Email:  Start Date  Form to the 2 reference form to our office of complete from the applicant of complete from the applican								

<u>Please submit your completed application:</u> By mail or in person to London Health Sciences Centre (LHSC): University Hospital, Volunteer Services, Rm A1-503, 339 Windermere Rd, P.O. Box 5339, London, ON N6A 5A5 Victoria Hospital, Volunteer Services, Rm D3-406, 800 Commissioners Rd E, P.O. Box 5010, London, ON N6A 5W9

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<u>Please Note: Interviews will be conducted in June. Volunteering will begin the last week of June / first week of July and will run right up until Labour Day weekend.</u>