

# VOLUNTEER APPLICATION FORM

**\*\*Please indicate your site preference by entering numbers 1 thru 5\*\***

- \_\_\_\_\_ Finch Family Mental Health Care Building (550 Wellington Road)
- \_\_\_\_\_ Parkwood Institute, Main Building (550 Wellington Road)
- \_\_\_\_\_ St. Joseph's Hospital (268 Grosvenor Street)
- \_\_\_\_\_ Mount Hope Centre for Long Term Care (21 Grosvenor Street)
- \_\_\_\_\_ Southwest Centre for Forensic Mental Health Care (401 Sunset Drive, St. Thomas)

**Mailing Address:**  
**PO Box 5777 Stn. B**  
**London, ON N6A 4V2**

[VolunteerSJHC@sjhc.london.on.ca](mailto:VolunteerSJHC@sjhc.london.on.ca)

If applicant fails to start the process of becoming a registered volunteer with St. Joseph's within six (6) months of submitting their application (ie: completion of a health review or online learning modules), applicant must resubmit a new application form

## PLEASE PRINT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Common Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Retired  Student  School/College/University \_\_\_\_\_ Period Attended \_\_\_\_\_

Current Program/Diplomas/Degrees \_\_\_\_\_

Have you ever been convicted of a criminal offence for which you have not been pardoned?  
(A criminal record does not automatically indicate ineligibility to volunteer. Each case will be examined individually)

Yes  No  If yes, please specify \_\_\_\_\_

### REFERENCES (Not Family Members)

1. Name \_\_\_\_\_ 2. Name \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

### NOTES (For Office Use Only)

Date received:	Health review:
1 <sup>st</sup> Contact:	Orientation:
Interview:	Police check:
Position assigned to:	Criminal disclosure form:
Contact:	Handbook emailed:

**SKILLS**

Are you a member of any organized group, club? Yes  No  Name \_\_\_\_\_

Languages (other than English): Spoken \_\_\_\_\_ Read \_\_\_\_\_

**PREFERRED TIMES AVAILABLE & EXPERIENCE**

It is preferred that Volunteers make a minimum commitment to the program.

I will commit to:  <6 months  6 months  1 + years  I am away for the Summer

Do you have other volunteer experience?  Yes  No

Specifics: \_\_\_\_\_

**Please Indicate which day and time you are available**

**PREFERRED VOLUNTEER AREA (  your preference)**

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

**Positions Available at ALL sites**

Clerical  Other

Sales

Information Desk

Visiting

Recreation

Please list other areas of interest, or if you know placement area please specify below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION AND RELEASE**

I understand that the information I have provided in the application to volunteer may be verified by St. Joseph's Health Care London. I hereby grant permission to St. Joseph's Health Care London to contact any persons and references who might be able to verify the information. I grant Volunteer Services permission to use the information as required for my role as a Volunteer.

**Volgistics Agreement:** Volunteer Services uses a web-based software and secure database from the United States to manage volunteer information. In their privacy statement, Volgistics states that access to the information is restricted by St. Joseph's Health Care London and is not made available to/accessible by any other parties. The technical specifications for the software and security protection systems supplied by Volgistics have been reviewed by St. Joseph's Information Technology experts and meet industry standards. Although safeguards are in place to protect personal information, as it is held by a third party outside of Canada, St. Joseph's cannot guarantee information is secure. Information stored is limited to contact information, placement and volunteer hours accumulated.

**I agree that St. Joseph's Health Care London Volunteer Services can store my personal information on Volgistics (Software) System: Yes \_\_\_\_\_ Initial \_\_\_\_\_**

**I do not want some or all of my personal information stored on Volgistics (Software) System: (list)**

\_\_\_\_\_

**I understand that a Criminal Record Check may be required for some volunteer positions.**

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

***Please ensure application is signed***