

## VOLUNTEER APPLICATION FORM

**\*\*Please select your site preference by numbers (1-5)\*\***

- Parkwood Institute, 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)

### PLEASE PRINT

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

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Preferred contact number)

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

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

Employment Status:

Employed:  Seeking Employment:  Retired:  Student:

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

May we contact you at work? Yes  No  Telephone: \_\_\_\_\_

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: _____ Email: <b>or</b> _____ Address: _____ _____	2. Name: _____ Email: <b>or</b> _____ Address: _____ _____
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### 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 \_\_\_\_\_

Skills/Training/Hobbies \_\_\_\_\_

### REASON FOR VOLUNTEERING

**Why do you want to volunteer at this facility? Check all that applicable.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> sense of contributing to the cause | <input type="checkbox"/> resume building | <input type="checkbox"/> meet course requirement      |
| <input type="checkbox"/> feelings of personal satisfaction  | <input type="checkbox"/> career decision | <input type="checkbox"/> meet high school requirement |
| <input type="checkbox"/> use of special skills              | <input type="checkbox"/> gain experience | <input type="checkbox"/> social opportunities         |
| <input type="checkbox"/> training opportunity               | <input type="checkbox"/> other (specify) |   |

### 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**

	Morning	Afternoon	Evening
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Saturday</b>			
<b>Sunday</b>			

**PREFERRED VOLUNTEER AREA (  your preference)**

**Positions Available at ALL sites**

- |   |  |
|---|--|
| <input type="checkbox"/> Clerical         | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Sales            | Please list other areas of interest, or if you know placement area please specify below:<br>_____<br>_____<br>_____<br>_____ |
| <input type="checkbox"/> Information Desk |  |
| <input type="checkbox"/> Visiting         |  |
| <input type="checkbox"/> Recreation       |  |

### 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 give my full consent to St. Joseph's Health Care, to take my photograph for use of promotion of Volunteers. Yes \_\_\_\_\_ No \_\_\_\_\_**

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

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

*Please ensure application is signed*