

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

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 st 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

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

PREFERRED VOLUNTEER AREA (☒ your preference)

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