



VOLUNTEER APPLICATION FORM

First Name: _____ Last Name: _____
 Address: _____
 Home Phone: _____ Cell Phone: _____
 Other Phone: _____ Best way to contact you? _____
 Email Address: _____
 Emergency Contact Name: _____ Phone No.: _____
 Relationship to Applicant: _____
 2nd Emergency Contact: _____ Phone No.: _____
 Relationship to Applicant: _____

I understand that I will need to undergo health screening prior to volunteering if volunteering on-site in the Hospital.

I understand there is a six month volunteer time commitment.

I understand that I will be presented with Volunteer Duties for my volunteer assignment to know what is expected of me.

I understand all volunteers 18 years and older must have a Police Records Check (within the last six months) & provide 2 reference names for referencing purposes.

If you need more room to complete the application, please enclose another sheet.

Tell us about your current/past volunteer experience	
Name of Organization:	_____
Volunteer Coordinator:	_____ Contact #: _____
Length of Time as a Volunteer:	_____
Describe your Volunteer responsibilities:	_____
Please tell us about any special skills, interests, knowledge or experiences you have that you wish to share with us through Volunteer Services	



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When would be a good time to meet with you for an interview?			
Day of the Week:		Time of Day:	
References: We require 2 reference names from our volunteers. Please provide their contact numbers in order for us to complete your reference check (e.g. a teacher, coach, clergy, neighbour, employer, camp counselor, volunteer supervisor, or someone that knows you well may provide the reference). Relatives are not accepted.			
For Volunteers under 18 (minimum age 16) If under the age of 18, parent/guardian signature is required. I, _____ (parent/guardian) give permission for _____ (applicant's name) to volunteer with the Lennox and Addington County General Hospital. Date: _____ Contact Information of parent/guardian: Phone number(s): _____ _____ Signature of parent/guardian			
Agreement and signature By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may result in my immediate dismissal. I understand there is a six month volunteer commitment. Name (Printed): _____ Signature: _____ Date: _____			

Thank you for completing this application form and for your interest in volunteering. We will be in touch with you soon about the next steps to you getting started!

All information is confidential, for any questions please contact **Susan Jack** susan.jack@lacgh.napanee.on.ca or by phone 613-354-3301 ext 297.