



# Volunteer Application Form

Personal information completed on this form is collected for operational and organizational purposes and is held in strict confidence. This information will be used to determine compatibility of the needs and interests of the prospective volunteer with the needs and interests of the hospital and to generate aggregated statistical data. Homewood volunteer phone numbers and e-mail addresses may be given to Homewood staff or other Homewood volunteers to be used specifically to contact volunteers regarding shifts.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
MM / DD / YYYY

Address: \_\_\_\_\_  
Apt/Unit/Number/Name of Street City Province Postal Code

Telephone: Home: \_\_\_\_\_ Best time to call home: \_\_\_\_\_  
Work: \_\_\_\_\_ Best time to call work: \_\_\_\_\_  
Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Volunteer Experience:** (please specify organization, dates and position/duties)  
\_\_\_\_\_  
\_\_\_\_\_

**Work History:** (please specify organization, dates and position/duties; if retired please indicate your former occupation)  
Please check which one applies to you at this time:  work full-time  work part time  looking for employment  
\_\_\_\_\_  
\_\_\_\_\_

**Education Background or Training:** (please specify time periods)  
\_\_\_\_\_  
\_\_\_\_\_

**Hobbies/Interests:**  
\_\_\_\_\_  
\_\_\_\_\_

**Community Affiliations:** (clubs, groups, organizations that you belong to)  
\_\_\_\_\_  
\_\_\_\_\_

**Describe your motivation for wishing to volunteer:**  
\_\_\_\_\_  
\_\_\_\_\_

**Which source prompted your application to Volunteer at Homewood?** (check ONE only please)

<input type="checkbox"/> Staff	<input type="checkbox"/> High School	<input type="checkbox"/> Word of mouth
<input type="checkbox"/> Another volunteer	<input type="checkbox"/> College	<input type="checkbox"/> Homewood website
<input type="checkbox"/> Volunteer Centre	<input type="checkbox"/> University	
<input type="checkbox"/> Other: _____		

**Length of Time Commitment?** (number of months/years) \_\_\_\_\_

**Volunteer Availability** (please check days and times that you would be available to volunteer)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Lunch							
Afternoon							
Dinner							
Late Afternoon							
Evening							

**How many hours a week are you available?** \_\_\_\_\_

**Which areas of volunteering are you interested in?**

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="checkbox"/> Addictions | <input type="checkbox"/> Horticulture             | <input type="checkbox"/> Outcome Studies/Research                  |
| <input type="checkbox"/> Admitting  | <input type="checkbox"/> Library                  | <input type="checkbox"/> Pastoral Care                             |
| <input type="checkbox"/> Café       | <input type="checkbox"/> Mealtime Supervision(ED) | <input type="checkbox"/> Patient Representative                    |
| <input type="checkbox"/> Crafts     | <input type="checkbox"/> Older Adults             | <input type="checkbox"/> Recreation                                |
| <input type="checkbox"/> Gift Shop  | <input type="checkbox"/> One-to-one Interaction   | <input type="checkbox"/> Volunteer Association<br>Committees/Board |
- Other (please explain): \_\_\_\_\_

**Please indicate skills or interests you are willing to share as a volunteer:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Accounting         | <input type="checkbox"/> Floral Arranging/Designing     | <input type="checkbox"/> Organizational                  |
| <input type="checkbox"/> Art                | <input type="checkbox"/> Fundraising                    | <input type="checkbox"/> Problem Solving                 |
| <input type="checkbox"/> Cash Handling      | <input type="checkbox"/> Gardening                      | <input type="checkbox"/> Public Speaking/Presentations   |
| <input type="checkbox"/> Clerical/Reception | <input type="checkbox"/> Interpersonal Skills           | <input type="checkbox"/> Research Methodology/Statistics |
| <input type="checkbox"/> Communications     | <input type="checkbox"/> Leadership                     | <input type="checkbox"/> Retail Experience               |
| <input type="checkbox"/> Computer           | <input type="checkbox"/> Marketing                      | <input type="checkbox"/> Sports & Leisure Activities     |
| <input type="checkbox"/> Crafts             | <input type="checkbox"/> Mediator                       | <input type="checkbox"/> Tutoring/Coaching               |
| <input type="checkbox"/> Customer Service   | <input type="checkbox"/> Music (play instrument, sing)  | <input type="checkbox"/> Visiting                        |
| <input type="checkbox"/> Data Entry         | <input type="checkbox"/> Other language (specify) _____ |  |
- Other (please explain): \_\_\_\_\_

**Volunteer Commitment** (please read the following sections carefully before signing)

**Oath of Commitment**

- I commit to volunteering the minimum number of hours required for the position where I will volunteer.
- I understand that volunteering is a responsibility, and I will fulfil the time commitments that I agree to. I pledge that I will perform to the best of my ability any task that is given to me, to be punctual and conscientious in the fulfilment of my duties.

**Release of Information**

- I authorize Homewood Health Centre to confirm the references submitted with this application form.

I hereby certify that all information included in this application is true.

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

**Please return application and references to:**

Volunteer Services  
Homewood Health Centre  
150 Delhi St., Guelph, On N1E 6K9

Telephone: 519-824-1010 ext. 2262  
Fax: 519-767-3564  
E-mail: volunteer@homewood.org

*Thank you for your time and interest in Homewood Health Centre. Due to the volume of applications received we are not able to contact or place everyone who applies. Applications are kept on file for 2 months.*

**FOR OFFICE USE ONLY**

Date Application Received:	<input type="checkbox"/> Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> In Person
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