



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: _____

Email (if available): _____

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)

- Staff
- Another volunteer
- HighSchool
- Other: _____
- College
- University
- Word of mouth
- Homewood website

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							
Late Afternoon							
Dinner							
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"/> One-to-one Interaction |
| <input type="checkbox"/> Café | <input type="checkbox"/> Library | <input type="checkbox"/> Pastoral Care |
| <input type="checkbox"/> Creative Arts/Crafts | <input type="checkbox"/> Mealtime Supervision(EDP) | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Older Adults | <input type="checkbox"/> Volunteer Association
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): _____

Homewood is committed to ensuring that its teams reflect the diversity of our community and welcomes applications from all qualified individuals.

Volunteer 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. 32262
Fax: 519-767-3564
E-mail: volunteer@homewoodhealth.com

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:

Mail E-mail Fax In Person