



170 Colborne Street West, Orillia ON L3V 2Z3 • Office: 705-325-2201 ext. 3338 • Fax: 705-327-9170

Volunteer Application Form

PERSONAL INFORMATION:

Last Name: _____ First Name: _____

Phone: _____ Cell: _____ Email: _____

Address: _____ City: _____

Postal Code: _____ Province: _____

Categories: Year-Round Seasonal College Student Teen Volunteer (15-17)

CURRENT OR LAST EMPLOYMENT:

Name of Employer: _____ Occupation: _____

Employment: Full-time Part-time Not employed Retired Student

Business Address: _____

Phone: _____ May we call you at work? Yes No

PRIOR VOLUNTEER SERVICES:

Where else have you volunteered? _____

Duties: _____ Agency: _____

Department: _____ Supervisor: _____ Phone: _____

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Do you have family members who are: OSMH staff OSMH volunteers Name(s): _____ Department(s): _____

Have you served as a volunteer with us before? No Yes If yes, when? _____ Department: _____

INTERESTS & PREFERENCES

I prefer to work: Directly with patients In an office setting No preference Other: _____

Preferred shift: Mornings Afternoons Evenings All Day

Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

How did you hear about our program: _____

What do you envision yourself doing as a volunteer? _____

HEALTH

Have you had any recent illnesses? _____

Do you have any health restrictions that may prevent you from:

- Extensive walking
- Standing for periods of time
- Sitting for periods of time
- Pushing and/or pulling a wheelchair or cart
- Carrying tray of items

REFERENCE CHECK

The policy of Orillia Soldiers’ Memorial Hospital requires all volunteers to supply references. References must know the volunteer applicant for at least one year and cannot be relatives. I hereby authorize the Volunteer Resources department to contact, in strict confidence, the following references:

Name	Address	Phone	Email

CONFIDENTIALITY

As I volunteer I understand that I may come in contact with confidential information, both clinical and employee-related, through, but not limited to, written records, documents, internal correspondence and communications, computer programs and applications. I agree not to divulge or disclose to anyone other than those persons of Orillia Soldiers’ Memorial Hospital who have a “need to know”, directly or indirectly, either during or after my services, any confidential information acquired during the course of my service. I understand and acknowledge that in the event I breach any provision of this agreement, Orillia Soldiers’ Memorial Hospital, in addition to other legal remedies available to them, has the right to reprimand, suspend and/or terminate my volunteer service.

BACKGROUND CHECKS

We consider the safety of our patients and families to be of the utmost importance. Applicants wishing to volunteer at Orillia Soldiers’ Memorial Hospital will be required to submit the results of a criminal reference check (CRC) with a vulnerable sector search (18+ years old). Persons who have been convicted of any felony offence or misdemeanour offenses involving drugs, child abuse, assault or any violent behaviour are not eligible to volunteer at Orillia Soldiers’ Memorial Hospital. There are no exceptions.

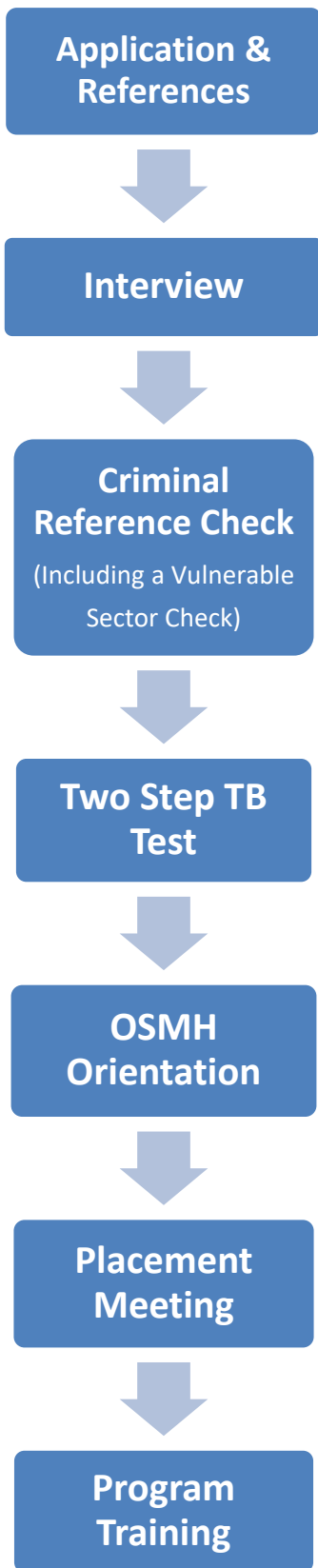
Have you ever been convicted of a felony or misdemeanour offense? No Yes

Have you ever been terminated from volunteering? No Yes

I certify that the statements made in this volunteer application are true and correct. I understand this information may be disclosed to any party with legal and proper interested and I release Orillia Soldiers’ Memorial Hospital from any liability whatsoever for supplying such information. I authorize you to make any investigations of my personal history. I understand that I will not be paid for my services as this is strictly volunteer work.

Applicants Signature: _____ Date: _____

Parent/Guardian (if younger than 18 years old): _____ Date: _____



Volunteer Intake Steps

The Volunteer Intake Process can take anywhere from 4-6 weeks, depending on individual circumstances.

If you have any questions, please contact us at

Volunteer Resources
Tel.: 705-325-2201 ext. 3338
volunteer@osmh.on.ca