



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: \_\_\_\_\_  
Duties: \_\_\_\_\_ Agency: \_\_\_\_\_  
Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
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  Pastoral Care  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.

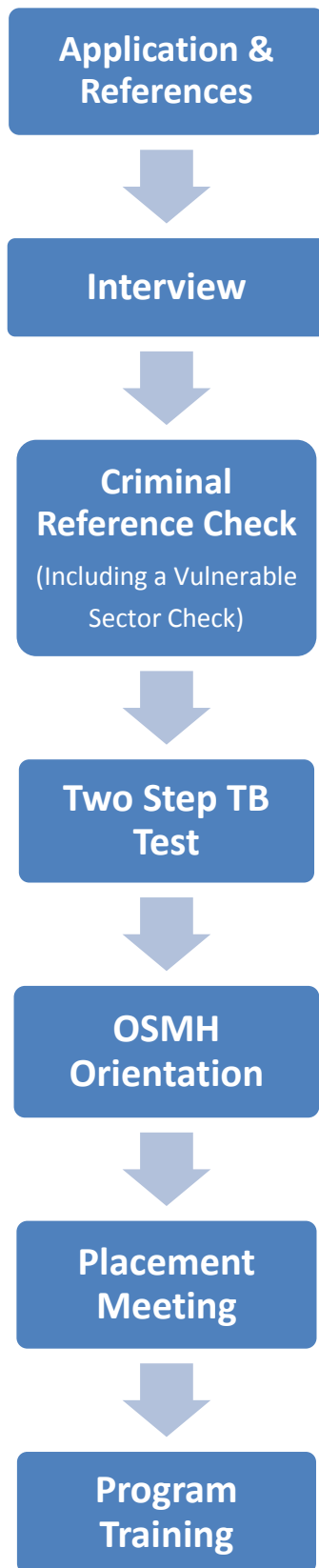
Have you ever been convicted of a felony or misdemeanour offense?  No  Yes

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](mailto:volunteer@osmh.on.ca)