

Personal and Contact Information		
First Name:	Last Name:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Apt #:	Address:	
City:	Province:	Postal Code:
Phone Numbers (H):	(M):	(W):
Email Address:		
Have you ever been convicted of a criminal offence for which a pardon has not been granted? <input type="checkbox"/> Y <input type="checkbox"/> N		
If Yes, please specify:		
Emergency Contact Information		
First & Last Name:	Relationship to you (optional):	
Phone Numbers (H):	(M):	(W):
Work Experience		
Name of Organization	Position/Duties	From (mm/yyyy) - To (mm/yyyy)
Volunteer Experience		
Name of Organization	Position/Duties	From (mm/yyyy) – To (mm/yyyy)
Education		
Highest Level of Education:	Completed <input type="checkbox"/> In Progress <input type="checkbox"/>	
Name of Institution (Optional):		
Area(s) of Study (If applicable):		

Availability							
Shift	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							
Months Available							
January <input type="checkbox"/>	February <input type="checkbox"/>	March <input type="checkbox"/>	April <input type="checkbox"/>	May <input type="checkbox"/>	June <input type="checkbox"/>		
July <input type="checkbox"/>	August <input type="checkbox"/>	September <input type="checkbox"/>	October <input type="checkbox"/>	November <input type="checkbox"/>	December <input type="checkbox"/>		
Areas of Interest							
Please indicate the area(s) in which you would like to volunteer?							
<input type="checkbox"/> Information Desk/Pathfinder <input type="checkbox"/> Greeter/Escort <input type="checkbox"/> Ambulatory Care Clinics (Specialists/OBS) <input type="checkbox"/> Emergency Department <input type="checkbox"/> Patient Services -Acute Care				<input type="checkbox"/> Snack Cart/Meal Assistant <input type="checkbox"/> Restorative Care Healthy Stay Volunteer <input type="checkbox"/> Gardener <input type="checkbox"/> Surgical Services <input type="checkbox"/> Administrative/Clerical Support			
How did you hear about our program? <input type="checkbox"/> Website <input type="checkbox"/> Family/ Friend <input type="checkbox"/> Other							
Do you have any affiliation with HDH (eg. Former or current staff/patient/family)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please specify:							
Please read <i>carefully</i> before signed and dating the following:							
The Hanover & District Hospital reserves the right to accept or not accept volunteer applicants. Volunteers are placed according to their interests, skills, suitability, and the needs of the hospital. The Hanover & District Hospital reserves the right to release a volunteer from his/her volunteer position if, in the opinion of the hospital, continuance of the volunteer role could cause detriment to the hospital. I understand that false or incomplete information on this application form may disqualify me from volunteering, or result in my dismissal.							
Applicant Signature:					Date: mm/dd/yyyy		
Parental Consent- Under 18							
Parent/Guardian signature is required for all applicants under the age of 18. Minimum age requirement of 16 years old.							
I give consent for my child _____ to volunteer at the Hanover & District Hospital. I understand that my son/daughter must fulfill all program commitment requirements to receive confirmation of volunteer activity.							
Print Parent/Guardian Name:							
Parent/Guardian Signature:					Date: mm/dd/yyyy		

Please return completed application package to:

**Hanover & District Hospital**

**Attention: Human Resources**

**90 7<sup>th</sup> Avenue, Hanover, ON N4N 1N1**

**Phone: 519-364-2341 ext 233**

**Email: [hr@hdhospital.ca](mailto:hr@hdhospital.ca)**

The Hanover & District Hospital is committed to providing accessible employment practices that comply with the Accessibility for Ontarians with Disabilities Act (AODA). Please notify us, if you require accommodation for disability during any stage of the volunteer intake process.

The personal information you provide us with on this form is required for you to become a volunteer at Hanover & District Hospital and will be used to communicate with you for volunteer activities. It will be kept confidential.