

New Applicant <input type="checkbox"/>		Returning Applicant <input type="checkbox"/>		Date of last activity: mm/dd/yyyy	
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							
Why did you decide to apply for a patient advisor position?							
Why Hanover and District Hospital?							
Within the past two years, what HDH programs have you or your family member used?							
<input type="checkbox"/> Emergency Department <input type="checkbox"/> Surgical Services/Day Surgery <input type="checkbox"/> Family Centered Birthing Unit <input type="checkbox"/> Inpatient Care				<input type="checkbox"/> Outpatient Clinics <input type="checkbox"/> Restorative Care <input type="checkbox"/> Renal Dialysis <input type="checkbox"/> Other _____			
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:							
<p>The Hanover &amp; District Hospital reserves the right to accept or not accept patient advisor applicants. Patient Advisors are placed according to their interests, skills, suitability, and the needs of the hospital. The Hanover &amp; District Hospital reserves the right to release a Patient Advisor from his/her position if, in the opinion of the hospital, continuance of the patient advisor 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.</p>							
Applicant Signature:					Date: mm/dd/yyyy		

Please return completed application package to:

**Hanover & District Hospital**

**Attention: Executive Assistant**

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

**Phone: 519-364-2341 ext 209**

**Fax: 519-364-3984**

**Email: [info@hdhospital.ca](mailto:info@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. If accepted as a volunteer, your personal information will be shared with the Hanover & District Hospital Auxiliary, of which all active volunteers are members.