



VOLUNTEER APPLICATION FORM

Site: Wingham District Hospital or Listowel Memorial Hospital

Name of Volunteer			
First Name: _____	Last Name: _____	Phone: _____	Email: _____

Emergency Contact Information		
Name: _____	Relationship: _____	Phone: _____

GENERAL QUESTIONS

Why are you interested in volunteering at LWHA?

Current Occupation:

Please describe any previous, current or other volunteer service:

Please list any areas of the hospital you are most interested in volunteering in:

Do you have any special considerations or limitations that we would need to accommodate?

Availability (Please check off availability in appropriate boxes)

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

References

Please provide 2 References that can be contacted:

1.) Name: _____ Phone: _____ Relationship: _____

2.) Name: _____ Phone: _____ Relationship: _____

Volunteer Commitment/Pledge of Confidentiality

- I agree that all information provided in this application is true and accurate and that misrepresentation will be grounds for dismissal.
- I agree to abide by the policies and guidelines in place at the Listowel Wingham Hospitals Alliance.
- I understand that anything I hear, see or read will not be discussed in the community, with family or friends.
- I understand that a volunteer position is a responsibility and I will fulfill the requirements and time commitments to the best of my ability.
- I understand the importance of ensuring that my Identification Badge is worn at all times.

Volunteer Signature: _____ **Date:** _____