

# 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:**

Patient Partner Council (Meets monthly)	Volunteering with patient recreational therapy programs	Other: (Please specify)
Assisting with occasional projects and quality improvement plans	Equity, Diversity, Inclusion, Anti-Racism Committee involvement	

**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.

<b>Volunteer Signature:</b> _____	<b>Date:</b> _____
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