



GRACE HOSPITAL

VOLUNTEER APPLICATION FORM
The Salvation Army Grace Hospital
300 Booth Drive
Winnipeg MB R3J 3M7
Telephone: (204) 837-0368 Fax: (204) 837-0545
Website: www.ggh.mb.ca

| STATUS (for office use only) | | | |
|---------------------------------|--|----------|--|
| Adult | | Youth | |
| Associate | | Inactive | |

PLEASE TELL US ABOUT YOURSELF:

Mr. Ms. Mrs. Dr. Rev'd. Maj.

Last Name: _____ First Name: _____

Middle Name: _____ Preferred Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: Home: _____ Business: _____

Cell: _____ Fax: _____ E-mail: _____
(please print)

I prefer to receive calls at: Home Business

Best time to contact you: _____

Date of Birth: _____ (year not required if over 17)
Day/Month/Year

PLEASE TELL US ABOUT YOUR EDUCATION:

Formal education is not required to be a volunteer. We welcome experience of all kinds!

| | Name of School | Highest Level Obtained | Currently Attending Yes/No |
|------------------------------------|----------------|------------------------|----------------------------|
| Junior High | | | |
| High School | | | |
| Post Secondary/ College/University | | | |
| Other | | | |

Are you receiving credits for your volunteer work? Yes No Required number of hours: _____

What school/organization do you require the hours for? _____

PLEASE TELL US ABOUT YOUR EMPLOYMENT HISTORY:

Employed Unemployed Retired Student Homemaker

| Company Name/Employer | Your Job | From: | To: | Reason for Leaving |
|-----------------------|----------|-------|-----|--------------------|
| | | | | |
| | | | | |

PLEASE TELL US ABOUT ANY VOLUNTEER WORK YOU HAVE DONE:

| Organization | Your Title/Placement | From: | To: | Reason for Leaving |
|--------------|----------------------|-------|-----|--------------------|
| | | | | |
| | | | | |
| | | | | |

Have you ever applied to volunteer with this organization before? Yes No

If yes, when? _____

PLEASE CHECK (v) THE AREAS OF VOLUNTEER WORK YOU ARE INTERESTED IN:

- | | | |
|----------------------|----------------------|---------------------|
| Patient Registration | Occupational Therapy | Pharmacy |
| Diagnostic Imaging | Orthopaedic Clinic | Physiotherapy |
| Emergency | Cancer Care | Pre-Op/Recovery |
| Guide | Hospice | Bereavement Support |
| Gift Shop | Muffin Stop | Mental Health |

Other _____

WHAT SKILLS AND EXPERIENCE DO YOU HAVE TO OFFER? (please v)

- | | | |
|---------------------------------|-----------------------|------------------------|
| Clerical | Fundraising | Physical strengths |
| Communication Skills | Retail experience | Photography |
| Computer skills (specify) _____ | | |
| CPR | Musical instrument | Special training |
| Creative ideas | Nursing | Valid driver's license |
| Experience with the elderly | Organizational skills | Work well with people |

Other (specify) _____

WHAT IS/ARE YOUR REASON(S) FOR VOLUNTEERING? (please v)

- | | | |
|-----------------------|----------------------------|--------------------------------|
| Academic credit | Help others | Practice English skills |
| Employment experience | Improve health care | Referred by medical profession |
| Explore careers | Social interaction | Stay active & involved |
| Increase self-esteem | Relative/friend volunteers | Learn new skills |
| Other _____ | | |

HOW DID YOU FIND OUT ABOUT OUR VOLUNTEER PROGRAM (please check v)

- | | | |
|-----------------------|-------------------------------|-------------------------------|
| Physician | School | Radio |
| Community | Newspaper | TV |
| Another Volunteer | Volunteer Centre | Previously a patient |
| Poster/brochure/flyer | Recruitment/Information Booth | |
| Visited a patient | Relative/Friend | Employee of this organization |
| Human Resource Dept. | Website | |
| Other _____ | | |

PLEASE (v) THE TIME PERIODS YOU ARE AVAILABLE TO VOLUNTEER.

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

TIME COMMITMENT

- How long a commitment are you prepared to make? 3 months 6 months 1 year +
- How many times per week would you like to volunteer? 1 shift 2 – 3 shifts 4 or more
- Are you interested in volunteering for special projects or events? Yes No

Please note the times of the year you are **not** available to volunteer (i.e. vacation): _____

WHO WOULD YOU LIKE US TO CONTACT IN CASE OF AN EMERGENCY?

Name: _____ Relationship: _____

Phone: Home: _____ Work: _____ Cell: _____

HEALTH INFORMATION:

Please list intellectual or physical disabilities or health problems which may affect your ability to perform as a volunteer and that you wish to have take into consideration when determining a volunteer placement.

REFERENCES:

Please list three references – past or present employers, volunteer co-ordinators, teachers, etc. One reference may be a family member.

| Name | Address/Postal Code | How do you know this person? | Phone Number |
|------|---------------------|------------------------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

I hereby authorize The Salvation Army Grace Hospital permission to contact the above named references to ascertain my suitability as a volunteer. I hereby release The Salvation Army Grace Hospital from all liability for any damage whatsoever for issuing same. I further authorize the Volunteer Resource Department to maintain this information in their records and release and absolve them from all liability that may otherwise accrue by reason of their keeping this information and using it for their purpose.

Disclaimer: *It is the policy of this organization to screen all prospective staff and volunteers. While we try to place every prospective volunteer, management reserves the right to reject applicants who do not meet our requirements and/or volunteer placement criteria.*

*I hereby certify that all information in this application form is true and complete.
Disclosure Policy: Parents/Guardians of Youth Volunteers may be advised of performance issues.*

Signature of Applicant: _____ **Date:** _____

Signature of Parent/Guardian, if under 18: _____ **Date:** _____