



GRACE HOSPITAL

VOLUNTEER APPLICATION FORM
Grace Hospital
300 Booth Drive
Winnipeg MB R3J 3M7
Telephone: (204) 837-0368 Fax: (204) 837-0545
Website: www.gracehospital.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: _____

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 (✓) THE AREAS OF VOLUNTEER WORK YOU ARE INTERESTED IN:

- | | | |
|---|---|--|
| <input type="checkbox"/> Patient Registration | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Diagnostic Imaging | <input type="checkbox"/> Orthopaedic Clinic | <input type="checkbox"/> Physiotherapy |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Cancer Care | <input type="checkbox"/> Pre-Op/Recovery |
| <input type="checkbox"/> Guide | <input type="checkbox"/> Hospice | <input type="checkbox"/> Bereavement Support |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Muffin Stop | <input type="checkbox"/> Youth Program |
| <input type="checkbox"/> General Duties (Newspaper, water, meal delivery) | | |
| <input type="checkbox"/> Other _____ | | |

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

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

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

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

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

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

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

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (8:00- Noon)							
Afternoon (Noon – 4:00)							
Evening (4:00 – 8:00)							

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 Grace Hospital permission to contact the above named references to ascertain my suitability as a volunteer. I hereby release 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:** _____