



HOSPITAL AUXILIARY ASSOCIATION OF ONTARIO

WEST HALDIMAND GENERAL HOSPITAL

All volunteer information is held in strictest confidence and will be used only to match an individual to a suitable position and in the collection of statistical information. Complete this form at your own discretion and please note that submitting this application does not guarantee a volunteer position at West Haldimand General Hospital

*** Indicates required information**

Date

Status Mrs. Mr. Ms. Miss. Other

Name

Surname *

First name *

Primary Address

House /Apt/Unit #

Box# and Street *

City *

Postal Code *

Phone (H) *

Phone (B)

E-mail address

Who are you? * High school student University student College student
 Adult – not working Adult – retired Adult – working
 Adult – student (19+ years) Other

**Course if enrolled
in Post Secondary**

**Have you
completed a Police
check within the
past year? ***

PLEASE NOTE A POLICE CHECK AND IMMUNIZATION RECORD MUST BE COMPLETED PRIOR TO COMMENCING DUTIES AT WEST HALDIMAND GENERAL HOSPITAL

Emergency Contact Person	
Name *	
Relationship *	
Phone home *	
Phone work	
Please provide two references (NOT including relatives)	
1. Name *	
Relationship *	
Phone *	
Email	
2. Name *	
Relationship *	
Phone *	
Email	
What type of volunteer role would you prefer?	<input type="checkbox"/> Coffee & Gift shop <input type="checkbox"/> Fundraising <input type="checkbox"/> H.E.L.P.P & Info desk <input type="checkbox"/> Elder life program <input type="checkbox"/> other _____
What special skills or talents do you have?	
Languages spoken fluently (other than English)	
Share information about your past volunteer experience. What was your role? Describe what you found to be positive and challenging.	
What is your reason for becoming a volunteer at West Haldimand General Hospital and how will this experience benefit you?	

Confidentiality

Patient's medical information is strictly confidential and must never be discussed unnecessarily with others. As a member of West Haldimand General Hospital Auxiliary, all information concerning patients, family visitors and staff will be held in strictest confidence.

Disclosure of confidential information shall be subject to severe disciplinary action up to and including discharge.

Availability	DAYS PREFERRED	HOURS PREFERRED
	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Summer Months Only: June - August	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings

Comments:

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