



## Volunteer Application Form

All information on this Volunteer Application Form whether submitted online or in paper directly to Concordia Hospital will be entered to a website owned by Volgistics, Inc. and not the Concordia Hospital or the Winnipeg Regional Health Authority (WRHA). Volgistics is a third party contracted to manage and store all information on volunteers collected by Concordia Hospital, including, but not limited to: this application, personal information, volunteer assignments, service hours, awards, etc. Volgistics currently stores this information on servers located outside of Canada. This information will be subject to the laws of the country where it is kept. Concordia Hospital and the WRHA are not responsible for any lost or misdirected data or for any delays while data is being sent to or stored on the Volgistics website. Information about Volgistics' Security Features, Privacy Policies and Terms of Use can be found on its website at [www.volgistics.com](http://www.volgistics.com).

Mr.  Miss  Ms  Mrs.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_ City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

I prefer to receive calls at:  Home  Business  Cell Best Time to Call: \_\_\_\_\_

Age:  16-17  18-25  26-34  35-45  46-55  56-70  70+

### Employment History

Currently I am:  Employed  Unemployed  Retired  Other  Student

Company Name/Employer	Your Job Title	From (M/Y)	To (M/Y)	Reason for Leaving

### Volunteer Work

Please list organizations that you currently are volunteering for or have volunteered for in the past including: community clubs, schools, religious organizations, professional associations, non-profit organizations, sporting organizations, etc.

Organization	Your Responsibilities	From (M/Y)	To (M/Y)	Reason For Leaving

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

**Education**

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

Are you currently a student?  Yes  No

**If you are currently a student, please complete this section:**

Name of School: \_\_\_\_\_ Grade Level/Year of Study: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Are you receiving credit for your volunteer work?  Yes  No

Required number of hours \_\_\_\_\_ By When? \_\_\_\_\_

If yes, what school or organization do you require the hours for? \_\_\_\_\_

**If you are not currently a student, what is your highest level of education?**

- High School
- University/College, please specify degree/course of study \_\_\_\_\_
- Trade/Business, please specify \_\_\_\_\_
- Other, please specify \_\_\_\_\_

**Availability** Please check the preferred time period(s) that you are available to volunteer.

**Please specify the times you would arrive for your shift and then have to leave.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Time commitment: ( ) minimum 5 months/50 hours ( ) Other \_\_\_\_\_

How many times per week would you like to volunteer?  one shift  2-3 shifts  4 or more

Are there times of the year you are not available to volunteer? i.e. vacation

**Check the following assignments/departments that interest you:**

<input type="checkbox"/> Cancer Care Ambassador	<input type="checkbox"/> Medical Escort	<input type="checkbox"/> Recreation Assistant*
<input type="checkbox"/> Chapel Assistant*	<input type="checkbox"/> Water Delivery Assistant*	<input type="checkbox"/> Vending Assistant*
<input type="checkbox"/> Child Care Ambassador	<input type="checkbox"/> Lab Volunteer	<input type="checkbox"/> Visitation*
<input type="checkbox"/> Clerical Assistant	<input type="checkbox"/> Newspaper Delivery*	<input type="checkbox"/> Front Lobby Ambassador*
<input type="checkbox"/> Urgent Care Ambassador*	<input type="checkbox"/> Palliative Care Visitation*	<input type="checkbox"/> Outpatient Waiting Room Ambassador
	<input type="checkbox"/> Bereavement Support Volunteer	

Please note: We have limited opportunities during the evenings and weekends. Positions marked with an asterisk (\*) indicate availability on evenings and/or weekends.

**Check the skills and experience you have to offer:**

- Cash Handling Experience
- Communication
- Computer Skills
- Creative ideas
- Entertainment contact
- Experience with the elderly
- Fundraising
- Musical ability
- Nursing
- Languages (specify): \_\_\_\_\_
- Special Training (specify): \_\_\_\_\_
- Other (specify): \_\_\_\_\_
- Organizational skills
- Photography

**Check your reason(s) for volunteering:**

- Academic Credit: Please indicate program: \_\_\_\_\_  
Teacher/Supervisor at school: \_\_\_\_\_
- Learn new skills                       Practice English skills                       Mandated Community Service
- Confirmation requirement             Help others                                       Referred by medical profession
- Employment Experience                 Improve health care                         Relative/friend volunteers
- Explore careers                             Social interaction                             Stay active & involved
- Increase self-esteem                     Other (specify) \_\_\_\_\_

**Check how you found out about our volunteer program:**

- Physician                                     School     Radio
- Community                                    Newspaper                                       TV
- Volunteer                                      Knew about/noticed dept                  Volunteer Centre
- Previously a patient/client               Poster/brochure/flyer                       Recruitment/Information Booth
- Employee of Concordia                     Website      Relative/Friend
- Referral Organization (specify) \_\_\_\_\_
- Other (specify): \_\_\_\_\_

**Optional**

If you wish to have anything further to be taken into consideration when determining a volunteer placement (for example: mobility issues, back problems or allergies), you may list those issues in the space provided:

---



---



---

**Who would you like us to contact in case of an Emergency?**

Name: \_\_\_\_\_ Phone: Home \_\_\_\_\_  
Work \_\_\_\_\_  
Cellular \_\_\_\_\_

**References**

If you are interviewed as a potential volunteer, you will be asked to provide three (3) references. Please note that references from family members or from personal friends will not be accepted, **unless you were employed by them.**

**Authorization and Consent**

By submitting this application, I agree that the information I have provided on the form is true and accurate. Furthermore, I understand and agree that submitting this application form does not automatically register me as a volunteer. It is the policy of Concordia Hospital Volunteer Services to screen all prospective volunteers. While we try to place every prospective volunteer, management reserves the right to decline applicants who do not meet our requirements and/or placement criteria. I consent to this information and information about my volunteer work with Concordia Hospital to be maintained on the Volgistics website

and absolve and release Concordia Hospital and the WRHA from all and any liability that may otherwise accrue by reason of keeping this information on the Volgistics website and using this information for Concordia Hospital purposes.

**Signature of Applicant:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

***For those applicants under the age of 18, parental/guardian consent is required before submitting this application.***

I, \_\_\_\_\_ (print name of parent/guardian), hereby give my permission for \_\_\_\_\_ (name of volunteer) to volunteer for Concordia Hospital. I have read and understood the Volunteer Application Form and I consent to the details of my child's volunteer records being stored on the Volgistics' website as described at the beginning of this Volunteer Application Form.

NOTE: Parents may be advised of performance issues or in the event that disciplinary action should be required.

**Signature of**

**Parent/Guardian:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_