



**VICTORIA
GENERAL
HOSPITAL**

Volunteer Application Form

For office use only:

Received: _____
 1st Contact: _____
 2nd Contact: _____
 Interview _____
 Not Place _____

All information on this Volunteer Application Form whether submitted online or in paper directly to Victoria General Hospital will be entered to a website owned by Volgistics, Inc. and not the Victoria General Hospital or the Winnipeg Regional Health Authority (WRHA). Volgistics is a third party contracted to manage and store all information on volunteers collected by Victoria General 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. Victoria General 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.

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

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

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

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? _____

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 3 months () 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:

Patient Care Areas

Non- Patient Care Areas

Junior Program (16-17)

Retail

Clerical/Administrative

Check the skills and experience you have to offer:

Cash Handling Experience

Fundraising

Organizational skills

Communication

Musical ability

Photography

Computer Skills

Nursing

Healthcare experience

Creative ideas

Languages (specify): _____

Entertainment contact

Special Training (specify): _____

Experience with the elderly

Other (specify): _____

Check your reason(s) for volunteering:

- Academic Credit: Please indicate program: _____
Teacher/Supervisor at school: _____
- Learn new skills Help others Social interaction
- Employment Experience Practice English skills Referred by medical profession
- Explore careers Improve health care Relative/friend volunteers
- Stay active & involved Other (specify) _____

Check how you found out about our volunteer program:

- Relative/Friend School Volunteer Centre
- Volunteer of Victoria Newspaper Recruitment/Information Booth
- Employee of Victoria Knew about/noticed dept Radio
- Community Poster/brochure/flyer TV
- Previously a patient/client Website 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 _____

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 Victoria General 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 Victoria General Hospital to be maintained on the Volgistics website and absolve and release Victoria General 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 Victoria General Hospital purposes.

Signature of Applicant:

Date:

For those applicants under the age of 18, parental/guardian consent is required. Please ensure parents/guardians sign the last page before submitting this application.



Volunteer Services
Parent/Guardian Consent Form
(For applicants 17 years of age and under)

Authorization and Consent

It is the policy of Victoria General 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 child/ward's volunteer work with Victoria General Hospital to be maintained on the Volgistics website and absolve and release Victoria General 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 Victoria General Hospital purposes.

I, _____ hereby give my permission for
(print name of parent/guardian)

_____ to volunteer for Victoria General Hospital.
(name of applicant)

I have read and understood the Authorization and Consent as well as the Disclaimer and I consent to the details on my child/ward's volunteering being stored on the Volgistics website as described above.

NOTE:

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

Date _____

(signature of parent/guardian)