



The **Auxiliary** to the
South Muskoka Memorial Hospital

Office Use only: Appl. Rec'd _____ Called for Interview _____ Interview Date _____

Volunteer Application Form

Confidential when completed

Thank you for your interest in Volunteering at **South Muskoka Memorial Hospital**. Please complete this questionnaire and return it to the Information Desk, the Coffee Bar, or on line at smmh.auxiliary@mahc.ca

Name _____ Home phone _____
Address _____ Work phone (if applicable) _____
Town _____ Cell phone (if applicable) _____
Postal Code _____ I consent to receiving email at the address below yes no

Email address: _____

Preferred method of contact: home phone cell phone business phone email

Age: You must be 16 years of age to apply

In case of an **EMERGENCY**, please contact: NAME _____

Home phone _____ Work Phone _____ Cell Phone _____

Volunteering: I would like to volunteer because I like to (check boxes that are applicable):

- Help Others Learn new skills Personal Satisfaction Meet new people Stay busy
 Show appreciation of help received Explore career opportunities (students)

Other _____

History

Organization	Position	Time	Skills used

Do you have any specialized skills? _____

Do you require an extended period of time away during the year? Yes No If yes, during which months _____

Would you be willing to help out with fundraising events (i.e. bake sales, craft sales, tag days, special events)?
 Yes No

At a later date, might you be interested in a position on the executive. Yes No

Availability : There are various time slots available for you to volunteer. Which hours will work best for you? Some programs require special times, but in general shifts are as follows:

Time	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM							
PM							

Health: You will be required to have up to date immunizations for MMR, Varicella and TB confirmed by your physician.
I am capable of fulfilling the obligations of the position. Yes No

References: Please include two references who have known you for at least 2 years and are not related to you.

Name	Name
Address	Address
Phone	Phone
Occupation	Occupation

Volunteer Agreement

1. If accepted for a volunteer position, I agree to comply with the conditions of the volunteer position and the policies of the South Muskoka Memorial Hospital Auxiliary.
2. I agree to report for duty at the assigned time and day or to ensure that a replacement is arranged. If unable to arrange a replacement, I acknowledge that it is my responsibility to advise the program convener.
3. The Volunteer uniform and the photo ID are the property of SMMH and must be worn at all times when volunteering in the hospital. A uniform fee of \$10.00 is payable at time of interview. Upon termination as a Volunteer, I will immediately return the aforementioned items to the hospital.
4. I realize that I am making a commitment for a **minimum 1 year**, except if I am a student (which is a minimum of 80 hrs) and I intend to honour it to completion.
5. I agree to my photo being taken for identification and/or media purposes.
6. I understand that if any statements made by me on this or any other document are untrue or misleading, this application will be rejected. In the event of volunteer misconduct, you will be asked to leave the Auxiliary.
7. I will be required to sign and honour a confidentiality agreement.
8. I agree to obtain a "Vulnerable Sector Police Check" .
9. I understand Auxiliary volunteers are encouraged to attend General Meetings and the Annual General Meeting.

SIGNATURE _____ **DATE** _____

PLEASE NOTE: Only those selected for an interview will be contacted.

For Auxiliary Use Only

References checked (date) 1. _____ 2. _____ Police Check (Date) _____

Orientation Date _____ Confidentiality and Privacy Forms signed (Date) _____

Program _____ Convener Advised (Date) _____

Signature of Volunteer Co-Ordinator _____ Date _____