



VOLUNTEER APPLICATION FORM

Victoria General Hospital
2340 Pembina Hwy. Winnipeg, Manitoba R3T 2E8
Phone: (204) 477-3347 Fax: (204) 477-3271
Email: volunteer@vgh.mb.ca
Website: www.vgh.mb.ca

PLEASE TELL US ABOUT YOURSELF:

Mr. Ms. Mrs.

Last Name: _____ First Name: _____

Middle Name: _____ Preferred Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ E-Mail: _____

Phone: Home _____ Business _____

Cell _____

I prefer to be contacted: Home Business Cell E-Mail

Date of Birth _____
(Only if under 18) 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 credit for your volunteer work? Yes No Required number of hours: _____

What school/organization do you require the hours for? _____

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

- | | | |
|--|---|---|
| <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"/> Other |
| <input type="checkbox"/> Learn new skills | | |
-

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 Center | <input type="checkbox"/> Referral Organization (specify) |
| <input type="checkbox"/> Previously a patient | <input type="checkbox"/> Poster/brochure/flyer | <input type="checkbox"/> Recruitment/Information Booth |
| <input type="checkbox"/> Visited a patient | <input type="checkbox"/> Knew about/noticed department | <input type="checkbox"/> Relative/Friend |
| <input type="checkbox"/> Employee of this organization | <input type="checkbox"/> Human Resource Department | <input type="checkbox"/> Other (specify) |
-

PLEASE INDICATE THE EXACT TIME (i.e. 9 – 11am) YOU ARE AVAILABLE TO VOLUNTEER.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

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 _____ Cellular _____

HEALTH INFORMATION

Please list any intellectual or physical disabilities or health problems which may affect your ability to perform as a volunteer and that you wish to have taken into consideration when determining a job placement.

REFERENCES

Please list three references - past or present employers, volunteer co-ordinators, teachers, etc. We cannot accept family members or personal friends as references.

Name	How do you know this person?	Phone No. Work	Phone No. Home
Example: James Smith	Guidance counselor	555-1111	555-5555

I hereby authorize Victoria General Hospital permission to contact the above named references to ascertain my suitability as a volunteer. I hereby release Victoria General Hospital from all liability for any damage whatsoever for issuing same. I further authorize the Volunteer 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 job placement criteria.*

Signature of Applicant: _____ **Date:** _____

Signature of Parent/Guardian, if under 16: _____ **Date:** _____

As a volunteer your photograph may be taken for hospital and/or Guild purposes. These photographs are used for items such as newsletters, photo contests, and newspaper articles. If you consent to your picture being used for these purposes please read the following statement and sign below.

I hereby give the Victoria General Hospital and the Guild of Victoria General Hospital the absolute right and permission to copyright and/or publicize, or use photographic portraits or pictures of me, or videotaped images in which I may be included in whole or part for the use of advertising, art, trade and any other lawful purpose whatsoever.

Signature of Applicant: _____ **Date:** _____

Signature of Parent/Guardian, if under 16: _____ **Date:** _____