



GRACE HOSPITAL

Please return completed form to:
Volunteer Resources, Ground Floor, Grace Hospital
300 Booth Drive, Winnipeg, Manitoba R3J 3M7
Fax (204) 837-0545

VOLUNTEER APPLICATION FORM

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

Date: _____ 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: _____

Are you between 14 -17 years of age Yes No

Are you over 18 years of age? Yes No

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

Employment History Currently I am: Employed Unemployed Retired Other

Table with 5 columns: 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 before? No Yes When? _____

Check the areas/departments that interest you:

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Patient Registration | <input type="checkbox"/> Office Assistant (Data Entry, Filing) | <input type="checkbox"/> Physiotherapy |
| <input type="checkbox"/> Emergency* | <input type="checkbox"/> Meal Delivery Assistant | <input type="checkbox"/> Pre-Op/Patient Support |
| <input type="checkbox"/> Guide | <input type="checkbox"/> Cancer Care | <input type="checkbox"/> Activity Programming |
| <input type="checkbox"/> Gift Shop* | <input type="checkbox"/> Hospice* | <input type="checkbox"/> Youth Program* |
| <input type="checkbox"/> General Duties (Newspaper, water, meal delivery) | <input type="checkbox"/> Other/specific location _____ | <input type="checkbox"/> Friendly Visiting* |

Check the skills and experience you have to offer:

- | | | |
|---|---|--|
| <input type="checkbox"/> Clerical, Organizational | <input type="checkbox"/> Creative Ideas | <input type="checkbox"/> Social interaction |
| <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Computer/Technology | <input type="checkbox"/> Experience with the Elderly |
| <input type="checkbox"/> Fundraising Experience | <input type="checkbox"/> Interpersonal Skills | <input type="checkbox"/> Music Ability |
| <input type="checkbox"/> Retail Experience | <input type="checkbox"/> Language: _____ | |

Check your reason(s) for volunteering:

- | | | |
|---|---|---|
| <input type="checkbox"/> Academic Credit | <input type="checkbox"/> Learn new skills | <input type="checkbox"/> Practice English skills |
| <input type="checkbox"/> Contribute to Healthcare | <input type="checkbox"/> Help others | <input type="checkbox"/> Referred by medical profession |
| <input type="checkbox"/> Employment Experience | <input type="checkbox"/> Social interaction | <input type="checkbox"/> Stay active & involved |
| <input type="checkbox"/> Explore careers | <input type="checkbox"/> Relative/friend volunteers | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Increase self-esteem | | _____ |

Check how you found out about our volunteer program:

- | | | |
|---|---|--|
| <input type="checkbox"/> Another Volunteer | <input type="checkbox"/> Community | <input type="checkbox"/> Employee of this Organization |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Poster/Brochure/Flyer | <input type="checkbox"/> Previously a Patient | <input type="checkbox"/> Recruitment Booth |
| <input type="checkbox"/> Referral Organization | <input type="checkbox"/> Relative/Friend | <input type="checkbox"/> School |
| <input type="checkbox"/> Volunteer Manitoba/MYVOP | <input type="checkbox"/> Website | |

Availability Please check the preferred time period(s) that you are available to volunteer FOR THE NEXT 3 MONTHS. 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							

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

Are you interested in volunteering for special projects or events? Yes No

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

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 Grace Hospital Volunteer Resources 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 Grace Hospital to be maintained on the Volgistics website and absolve and release Grace 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 the Grace 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 the Grace 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:** _____