



GRACE HOSPITAL

Please return completed form to:  
Volunteer Resources, Main 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](http://www.volgistics.com).

### Contact Information:

Mr.                       Miss                       Ms                       Mrs.

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

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail : \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Age  16-17  +18

In case of emergency, notify: \_\_\_\_\_ Phone: \_\_\_\_\_

**Current Status:**  Employed  Unemployed  Retired  Student  Other

### Education:

Your highest level of education obtained:  Highschool  College/University

Trade/Business

### Volunteer Experience:

Organization	Title	From (M/Y)	To (M/Y)	Reason for Leaving

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

When: \_\_\_\_\_

**Employment History:**

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

**Check the areas/departments that interest you:**

- Patient Care Areas     
  Retail     
  Youth Program (14-17)  
 Non-Patient Care Areas     
  Clerical/Administrative     
  Special Events

**Volunteer Commitment/Availability:**

- Minimum 3 Months     
  6 Months  
 1 Year     
  More than 1 Year

**Note: We require a minimum commitment of one shift at the same time each week**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 8 a.m. – 12 p.m.							
Afternoon 12 p.m. – 4 p.m.							
Evening 4 p.m. – 8 p.m.							

**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:

---



---



---

**References:**

Please list three current references – past or present employers, volunteer administrators, teachers, etc. We cannot accept family members or personal friends as references.

Name	How do you know this person?	Phone Number (Day/evening)	Email
1.			
2.			
3.			

I hereby authorize the Grace Hospital to contact the named references to ascertain my suitability as a volunteer. I hereby release the Grace Hospital from all liability for any damage whatsoever for obtaining and using same. I further authorize the Grace Hospital 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.

**Signature of Applicant:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

**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:** \_\_\_\_\_

**Video/Photography Consent**

During your volunteer activities, your photograph or video image may be taken. These photographs or videos may be used for purposes such as education presentations, news media, hospital publications, etc. If you consent to your photo/video image being used for these purposes, please read the following statement and sign below.

**I grant Grace Hospital the right to use a photograph or videotape of me for the purposes stated above.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_