



VOLUNTEER APPLICATION FORM

Thank you for choosing to apply to volunteer at Guelph General Hospital. Please make sure this is a good time in your life for such a commitment. Your volunteer shift will be on the same day, at the same time, in the same area every week. Volunteer shifts are between 3-4 hours.

Name: _____ Date: _____

Address: _____
Apt. # Street City Postal Code

Best phone number to reach you at: _____ Home Work Cell

Email (the one you check most often) _____
(please print clearly)

How did you hear about us? (check all that apply)

- GGH Website People & Information Network (PIN) Community Posting
 Current GGH volunteer U of G Student Volunteer Connections
 Conestoga College Facebook Other _____

Demographics High school student Post Secondary student Adult

Birthday Month _____ Day _____ (this is optional and used for recognition purposes only)

Emergency Contact: _____
Name & relationship to you Phone

CHECK THE BOX (✓) THAT BEST DESCRIBES HOW LONG YOU CAN VOLUNTEER.

Year Round Volunteering

Able to start anytime

Spring Semester Volunteering

May-August

School Year Volunteering

Sept-April

Sept-June

Summer Volunteering

July – August

LIST ANY OF YOUR CURRENT/PREVIOUS VOLUNTEER OR WORK EXPERIENCE YOU FEEL WOULD BE HELPFUL FOR US TO KNOW:

WHEN CAN YOU VOLUNTEER?

Put a (✓) inside all of the days/times you would be available to volunteer.

Most volunteer placements are between 9 a.m. – 4 p.m., Monday – Friday. There are limited evening and weekend shifts in HELP program, Emergency Department, Patient Visiting and Courtyard Boutique.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning (8 a.m.-12 p.m.)							
Afternoon (12 p.m.-4 p.m.)							
Evening (4 p.m.-11 p.m.)							

WHERE WOULD YOU LIKE TO VOLUNTEER? - Place a check mark (✓) beside all the areas you are interested in. Minimum age is 18 unless indicated otherwise.

ADMINISTRATIVE OPPORTUNITIES

- Administrative Offices
- Volunteer Association Board of Directors
- Patient and Family Advisory Council – [click here](#)

RETAIL & FUNDRAISING

- Courtyard Boutique (15+)
- HELPP Lottery Ticket Sales
- Volunteer Association Fundraising Events
- Foundation of Guelph General Hospital Special Events – [click here](#)

GREETING & PROVIDING INFORMATION

- CT Scan
- Diagnostic Imaging
- Main Lobby Greeter
- Pre-Operative Registration

PATIENT-CENTRED VISITING

- Day Surgery
- Emergency Department
- Hospital Elder Life Program (HELP)
- On Call Volunteer Spiritual Care Providers (*trained member of Faith Community*)
- Patient Experience Surveying
- Patient Visiting Program (15+)

Statement of Confidentiality

The Hospital maintains the personal information of all Hospital employees, medical staff, midwives, students, Board members, volunteers and agents as private and confidential.

The Hospital will only collect and use your personal information for the following purposes:

Employment recruitment activities; Volunteer, student or Board placement; Establishment of medical privileges; Employee health assessments; Human resource management; Payroll and benefits administration; Administration of the Hospital and health system; and Complying with legal and regulatory requirements. Disclosure of personal information to third parties shall only be made in compliance with legal and regulatory requirements.

Your Authorization:

I hereby certify that all information included in this application is true and complete. I understand that incomplete applications will not be considered and that providing false information is immediate grounds for disqualification from the application process or immediate dismissal if the falsehood is discovered after being placed. By signing this form, I authorize Volunteer Resources to contact the references I have provided in the event that additional verification/clarification is required.

I understand that starting my volunteer position is conditional upon:

- Meeting the qualifications of the volunteer position description
- Submission of two (2) written references
- Successful completion of the Health Review Immunization Form
- Completion of a Police Vulnerable Sector Check (19 years of age & older)
- Completion of training for Bill 168, Occupational Health and Safety Amendment Act (*Violence and Harassment in the Workplace*), Accessibility for Ontarians with Disabilities Act (*AODA*), Confidentiality and Privacy of Personal Health Information.
- Completion of volunteer orientation and department specific training

Signature

Date

Completed application packages may be emailed to volunteers@gghorg.ca as a **single PDF file**, dropped off at Information on level one of the hospital, or mailed to:

**Volunteer Resources, Guelph General Hospital
115 Delhi Street,
Guelph, Ontario N1E 4J4**

VOLUNTEER REFERENCE

_____ is applying for a volunteer position at Guelph General Hospital. **By choosing you to complete this reference, he/she is stating that you have known him/her for at least one year.**

Your evaluation of this applicant is very important and will be given serious consideration as part of our screening process.

Please check the box below which best describes your relationship to the applicant. (Note: family members, friends and/or physicians are not suitable references)

- Co-worker
 Employer/Supervisor (paid or volunteer)
 Teacher
 Coach
 Faith Leader

Please check the box that best describes your experience with the applicant on a consistent basis.

Traits/Qualifications	Excellent	Good	Area for Improvement	Unable to Assess
Punctual/Dependable				
Follows through on commitments				
Customer service skills				
Shows initiative				
Comfortable interacting with people of all ages				
Ability to manage stress				
Verbal Communication Skills				
Problem Solving skills				
Compassion towards others				

Volunteers provide compassionate, non-medical support for our patients and visitors. What do you feel this applicant has that you would like to see in a hospital setting (*ie: skills, experience, character traits*)?

Please provide an example of how you have seen this applicant provide excellent customer service to an individual or group of people.

Please provide an example of a situation where the applicant took the initiative to complete a task.

Additional Comments:

Reference Information:

Name: _____ Phone # _____
(please print)
Signature: _____ Date: _____

**When you have completed this form please return it to the applicant.
Thank you!**

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