



## Community Resources Student Volunteer Application

|                      |
|----------------------|
| Date of Application: |
| Date of Interview:   |
| Date of Orientation: |

|   |                          |                          |                            |                          |                          |                          |                          |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <b>Last Name</b><br><input type="checkbox"/> Miss <input type="checkbox"/> Ms.   |                          | <b>Given Names</b>       |                            |                          |                          |                          |                          |
| Number/Street/Apt.  |                          |                          | City                       |                          |                          | Postal Code              |                          |
| Home Telephone  |                          |                          | Cell                       |                          |                          |                          |                          |
| Email   |                          |                          | Date of Birth (dd/mm/yyyy) |                          |                          |                          |                          |
| <b>Education (please attach resume if available)</b>  |                          |                          |                            |                          |                          |                          |                          |
| Highschool  |                          |                          | Grade                      |                          | University               |                          | Year                     |
| <b>Language(s) Spoken:</b>  |                          |                          |                            |                          |                          |                          |                          |
| <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> South Asian, specify: _____<br><input type="checkbox"/> French <input type="checkbox"/> Cantonese <input type="checkbox"/> Other: _____   |                          |                          |                            |                          |                          |                          |                          |
| Are there any physical limitations to your activities?  |                          |                          |                            |                          |                          |                          |                          |
| <input type="checkbox"/> Lifting <input type="checkbox"/> Walking <input type="checkbox"/> Other: _____   |                          |                          |                            |                          |                          |                          |                          |
| <b>Availability (check all appropriate boxes)</b>   |                          |                          |                            |                          |                          |                          |                          |
| <b>Summer Program</b>   |                          |                          |                            |                          |                          |                          |                          |
|   | Monday                   | Tuesday                  | Wednesday                  | Thursday                 | Friday                   | Saturday                 | Sunday                   |
| Morning   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Afternoon   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evening   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Regular Program</b>  |                          |                          |                            |                          |                          |                          |                          |
| Morning   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Afternoon   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evening   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Volunteer Service Desired (based on vacancy)</b>   |                          |                          |                            |                          |                          |                          |                          |
| <input type="checkbox"/> Clinical areas (e.g. Adult Surgery) <input type="checkbox"/> Service Areas (e.g. Info Desk, Gift Shop)   |                          |                          |                            |                          |                          |                          |                          |
| How did you hear about the Volunteer Program?   |                          |                          |                            |                          |                          |                          |                          |
| <input type="checkbox"/> Website <input type="checkbox"/> Referral (e.g. staff, physicians) <input type="checkbox"/> Other: _____   |                          |                          |                            |                          |                          |                          |                          |
| Parent/Guardian Name  |                          |                          |                            | Telephone                |                          |                          |                          |
| <b>For completion by Parent or Guardian of Student below age of 18 years:</b>   |                          |                          |                            |                          |                          |                          |                          |
| My daughter/son _____ has my permission to serve as a volunteer at Markham Stouffville Hospital.  |                          |                          |                            |                          |                          |                          |                          |
| Has she/he any physical limitations which would govern the type of assignment given? <input type="checkbox"/> No <input type="checkbox"/> Yes   |                          |                          |                            |                          |                          |                          |                          |
| If yes, specify: _____  |                          |                          |                            |                          |                          |                          |                          |
| Signature: _____  |                          |                          |                            | Date: _____              |                          |                          |                          |
| <b>Waiver</b>   |                          |                          |                            |                          |                          |                          |                          |
| As a volunteer, I accept the responsibility to maintain my knowledge/understanding of my volunteer role and remain current on emergency code procedures. I commit to participating in training and evaluation activities. I have been informed that I am entering into an "at pleasure relationship". In the event that my volunteer involvement is not compatible with the Hospital's requirements, the decision of the Director/Coordinator of Community Resources will be final (i.e. re-training, transfer to another area or termination). |                          |                          |                            |                          |                          |                          |                          |
| Signature: _____  |                          |                          |                            | Date: _____              |                          |                          |                          |