Religious Hospitallers of Saint Joseph of the Hotel Dieu of Kingston
HOTEL DIEU HOSPITAL

Hotel Dieu Hospital
Volunteer Application Form

Date Completed
☐ Database: _____
☐ Interview: _____
☐ Status post int.: _____
☐ Reference check: _____
☐ CRC: _____
☐ OHS: _____
☐ Orientation: _____
☐ Placement: _____
☐ Start date: _____
☐ End date: _____
☐ Additional Comments:

Name: _____ Date: _____

Current address: _____

Postal code: _____ Primary telephone: _____

E-mail address that I check regularly: _____

Emergency contact name and number*: _____ ** in sharing this information I consent to having HDH contact this person if needed under emergency circumstances. Please initial here:_____*

Male ☐ Female ☐ Language(s) spoken: English ☐ French ☐ Other_____

Where did you learn about our volunteer opportunities? _____

Are you currently enrolled in a school program? Secondary School ☐ Post- Secondary ☐
Other_____ Current Grade/ Year/ Level: _____
What terms are you available? Sept-Dec ☐ Jan-April ☐ May-Aug ☐ (check all that apply)
If under 18 please indicate your age: _____

What volunteer positions would you consider? (only check positions of interest):

☐ Administrative Support (appointment caller, package assembly, filing) ☐ Retail (Brock Boutique, Café, Snack Cart)

☐ Leadership (committee work, program mentoring) ☐ Outpatient Clinics (Urgent Care Centre, Playroom, Cardiac Rehab)

☐ Information Desk ☐ other: _____

What you hope to gain from volunteering at HDH? _____

_____

_____

Volunteers are expected to volunteer at least **4 months or a minimum of 60 hours** of service over the course of a year. Can you meet this expectation? Yes ☐ No☐ _____

Shifts typically are on **weekdays between 9-4pm**. Please put an "X" in all of the times you are available to volunteer. If interviewed, we will discuss only 1 or 2 shifts that range from 1-3½ hours/week.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday*	Sunday*
7:45 to 11 am							
8:30 to 12:30 pm							
12:30 to 4:30 pm							
4 to 7:00 pm*							

** limited shifts are available in Café (M-F) or Urgent Care **only***

Volunteers provide service and support to patients, families, visitors and staff. Please describe any customer service experience you may have: _____

_____

List your general employment and volunteer experience (or attach resume): _____

_____

List your relevant hobbies, interests or special skills and talents you would like to share: _____

_____

Do you have any special considerations or limitations that we would need to accommodate? Yes ☐ No ☐

Screening

Provide two letters of reference. OR, list the two people you have provided with the **HDH Volunteer Reference Form** for them to complete and return to Volunteer Resources. (Contact info below)

References can include a teacher, neighbour, employer, camp counsellor, volunteer supervisor, etc. We do not accept family members. Reference letters or forms can be attached to your application, mailed, faxed or emailed to our office.

① Name: _____ Relationship: _____

Day Time Telephone: _____ E-mail address: _____

② Name: _____ Relationship: _____

Day Time Telephone: _____ E-mail address: _____

All successful applicants are expected to provide a **Criminal Record Check and Vulnerable Sector Search,** obtained through the police (those under 18 will be waived). Receiving the completed CRC can take a few weeks so please begin the process immediately. Successful applicants may be reimbursed the cost of this search after the completion of 60 volunteer hours.

Release of Information (Please read carefully before signing)

I also hereby authorize and release from all liability my present/previous employer and/or educational institution/volunteer placement to provide Volunteer Resources, with reference information concerning me, including but not limited to achievement, performance, attendance, employment/educational history, disciplinary information and reason for separation of employment and/or education.

I understand and agree the organization may release the application form and documentation from my present/previous employer and/or educational institution(s) and/or volunteer placement (Kingston General Hospital, Hotel Dieu Hospital, St. Mary's of the Lake Hospital, Mental Health Services or Providence Manor). It is understood that any information that is given is to be used for the purpose of volunteer placement.

Please read and check before signing:

- ☐ I certify that I am 14 years of age or older and that the information in this application is correct to the best of my knowledge and I understand that any misrepresentation or omission may result in my dismissal if I am accepted as a volunteer.
- ☐ During my volunteer work I may acquire certain information that is considered confidential. I agree that I will not disclose such information.
- ☐ I understand that not everyone who applies is accepted as a member of the Volunteer Resources program.
- ☐ I consent to a Criminal Record Check and Vulnerable Sector Search (please come prepared with this to the interview where possible)
- ☐ I consent to submit **2 references** on my behalf to Hotel Dieu Hospital Volunteer Resources and I understand the release of information request as noted above.
- ☐ I agree to serve as a volunteer for at least **4 months or a minimum of 60 hours of service** to Hotel Dieu Hospital should I be accepted as a volunteer.
- ☐ I agree to submit to the Communicable Disease Surveillance Protocol as required by the Ministry of Health (to be discussed if interviewed)

Date (Y/M/D)_____ Applicant's Signature: _____

*If applicant is under the age of 18, parent/guardian signature is required _____Parent/Guardian

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Once your application is received you will be contacted with dates for upcoming interview and orientation sessions.

For more details on how to apply to become a volunteer, visit the hospital website www.hoteldieu.com
Email hdh_volunteer@hdh.kari.net, call 613-544-3400 ext. 2311, or fax 613-544-4311

Hotel Dieu Hospital, 166 Brock Street, Kingston, Ontario K7L 5G2

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