![NHH Northumberland Hills Hospital Auxiliary logo]

Northumberland Hills Hospital Auxiliary
Student Volunteer Application Form

Date: _____

Name: _____
   (First Name)   *(Surname)*

Address: _____ Postal Code: _____

Telephone: Home: _____   Cell: _____

E-mail: _____ Grade/Year: _____

School/Institution: _____

                                                Date of Birth: _____

*Must be turning 16yrs old in year of application
*Are you over 18 years of age? If so, a police check and TB test is required.

Availability

Please indicate your availability for volunteer service. Weekday and weekend opportunities fall

between 7:30 AM and 7:00 PM; your shift time will be arranged with your Volunteer Coordinator.

Preferred day(s):_____

Parental Permission (if the applicant is under the age of 18)

I give my permission to (print name) _____ to participate in

the Student Volunteer Program at Northumberland Hills Hospital.

Signature: _____   **Date:** _____
            Parent or guardian

Person to contact in case of illness/injury: _____

Relationship: _____   **Tel# Residence:** _____   **Business:** _____

Volunteer Experience

Have you had previous hospital volunteer experience?

_____

If so, when and where did you volunteer?

_____
_____

For office use only	Area Assigned:
	Date:

Other volunteer experience?

_____

_____

_____

Employment Experience

Please share your work history, if this does not apply please indicate N/A.

_____

Are you planning a career in the health services field (please circle one)? Yes No Maybe

If yes or maybe, what specific areas of the health field interest you today?

_____

What are your post-secondary education plans?

_____

_____

_____

Excluding family members, please list two people who will be prepared to provide a reference for you. Giving us these names indicates that we have permission to contact these people.

Name of Reference	**Telephone**	**Category**
1._____	_____	_____
2._____	_____	_____

Is there another volunteer applicant with whom you would like to work (please circle one)?

Yes No

If yes, please list name_____

In the space below, please share detail on the following three points:

- The skills and interests you have that will make you a suitable hospital volunteer
- Any experience that will help you with this task
- Your expectations of the program

_____

_____

_____

_____

_____

_____

_____

_____

What to do next: Once you have completed the appropriate sections on both sides of this form, **please *scan and email to:* volunteerapplications@nhh.ca**

Dixie Mikel Scholarship: Learn more about this student award at
https://nhh.ca/volunteers/dixie-mikel-scholarship

Questions? Contact the NHH Volunteer Office at **905-372-6811 x. 4629.**

If, after an interview with the NHH Manager, Volunteers, you are accepted as a participant in the program, you will be required to sign a confidentiality agreement and a contract that will cover our mutual commitments.

T:\Departments\Volunteers\Recruitment Templates\Student Volunteer Application Form.doc   Revised: Oct, 2024