

**Northumberland Hills Hospital Auxiliary
Student Volunteer Application Form**

Date: _____

Name: _____
(First Name) (Surname)

Address: _____

Telephone: Home: _____ Cell: _____

E-mail: _____ **Grade/Year:** _____

School/Institution: _____

Are you over 18 years of age? If so, police check is required. Yes _____ No _____
Date of Birth: _____

Availability

Please indicate your availability for volunteer service. Weekday opportunities fall between 3:00 PM and 7:00 PM; weekend opportunities will be arranged with the Student Volunteer Coordinator.

Preferred day(s): _____ Weekly: _____ Bi-weekly: _____

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?

<i>For office use only</i>	Area Assigned: _____
	Date: _____

Other volunteer experience?

Employment Experience

Have you had a job (please circle one)? Yes No

If yes, when and where?

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 _____

