

Volunteer Experience

Have you had previous hospital volunteer experience?

If so, when and where did you volunteer?

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.

For office use only

Membership completed	<input type="checkbox"/>	DB Updated	<input type="checkbox"/>
Police check completed (over 18 years)	<input type="checkbox"/>	Email Contact/List	<input type="checkbox"/>
Confidentiality Statement filed	<input type="checkbox"/>		
Student ID Badge Completed	<input type="checkbox"/>	Date taken: _____	Date delivered: _____
NHH Orientation	<input type="checkbox"/>	Date: _____	
Health Review Form	<input type="checkbox"/>	Date to OH Mgr: _____	Date approved: _____
Tabard on loan/Photo ID badge	<input type="checkbox"/>	Date taken: _____	Date delivered: _____
In Touch Communication	<input type="checkbox"/>		
Follow-up Call	<input type="checkbox"/>		

Date: _____