

**Northumberland Hills Hospital Auxiliary
Volunteer Application**

Date: _____

Name: _____
(First Name) (Surname)

Address: _____ **Postal Code:** _____

Telephone: Home: _____ Cell/Business: _____

E-mail: _____

Date of Birth: _____

Person to contact in case of illness/injury: _____ **Relationship:** _____

Telephone: Home: _____ Cell/Business: _____

All new volunteers are required to contribute their time and talents to at least ONE of the Auxiliary services and/or special events.

Availability: Weekdays Weekends Evenings Flexible

Approximate number of hours you could give per week: _____

Please indicate your preferred areas of assignment. An effort is made to accommodate your requests wherever possible. You may volunteer in more than one area and transfers from one area to another are possible with proper notification and providing space is available.

- | | | | |
|------------------------------------|--------------------------|------------------------------------|--------------------------|
| Cancer Care | <input type="checkbox"/> | Inpatient Rehab & Restorative Care | <input type="checkbox"/> |
| Day Surgery | <input type="checkbox"/> | Inquiry Desk | <input type="checkbox"/> |
| Diagnostic Imaging | <input type="checkbox"/> | Little Treasure Shop | <input type="checkbox"/> |
| Emergency Dept | <input type="checkbox"/> | Medical/Surgical | <input type="checkbox"/> |
| Palliative Care | <input type="checkbox"/> | Petticoat Lane Shop | <input type="checkbox"/> |
| Hospital Elder Life Program (HELP) | <input type="checkbox"/> | | |

Please indicate the time frames you would **NOT** be available to volunteer.

For office use only Area Assigned:

Date:

Please indicate any special skills or training. For example: computer, financial, fund-raising, leadership, management, retail etc.

Do you have previous volunteer experience? What / Where?

In the future, would you be interested in becoming a Service Area Coordinator or taking a position on the Board of the Auxiliary?

Yes

No

Maybe

Requirements:

- Police check
- Health Review Form (Immunization data)
- Confidentiality Agreement
- Volunteer uniform
- Photo ID

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

OR return it to:

Volunteer Lead

Northumberland Hills Hospital Auxiliary

1000 DePalma Drive

Cobourg, ON. K9A 5W6

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

For office use only

Membership completed	<input type="checkbox"/>		
Police check completed	<input type="checkbox"/>		
Health Review Form received	<input type="checkbox"/>	Date to OH Mgr: _____	Date approved: _____
Confidentiality Statement filed	<input type="checkbox"/>		
Received Information Booklet	<input type="checkbox"/>		
NHH Orientation Training	<input type="checkbox"/>	Date: _____	
Photo ID completed	<input type="checkbox"/>	Date taken: _____	Date delivered: _____
Uniform/Crests Loaner	<input type="checkbox"/>		
In Touch Communication	<input type="checkbox"/>	DB Updated	<input type="checkbox"/>
Follow-up Call	<input type="checkbox"/>	Email Contact/List	<input type="checkbox"/>