



WINCHESTER DISTRICT MEMORIAL HOSPITAL AUXILIARY

Application to Provide Volunteer Services

Name: _____

Address: _____

City & Postal Code: _____

Daytime Telephone: _____

Evening Telephone: _____

Email: _____

1. I am interested in volunteering at Winchester District Memorial Hospital:

For personal interest

To fulfill a requirement to graduate

Other reason (please specify): _____

2. Languages:

Spoken: English French Other _____

Written: English French Other _____

3. Do you have any other volunteer involvement? If yes, please provide details (name of organization(s), duration with the organization(s), list of duties).

4. Please specify any special skills/ training you possess:

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Administrative | <input type="checkbox"/> Computer | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Elderly Care | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Entertaining |
| <input type="checkbox"/> Committee Work | <input type="checkbox"/> Governance | <input type="checkbox"/> Social Media | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Legal | <input type="checkbox"/> Spiritual Care | <input type="checkbox"/> Graphic Art |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Advertising | <input type="checkbox"/> Journalism | <input type="checkbox"/> Marketing |

Other: _____

5. Emergency Contact Information:

Name: _____

Tel.: _____

Relationship: _____

Alt Tel.: _____

Email: _____

6. Are you currently a student?

High School

College/University

Full time

Part time

School: _____

Grade/Year: _____

Program: _____

7. Are you currently employed?

Full time

Part time

Retired

Unemployed

8. Please specify your availability for regular volunteer duties (check all that apply):

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly		<input type="checkbox"/> Monthly		<input type="checkbox"/> As needed for events	

Please read and complete this section:

I intend to fulfill my volunteer duties to the best of my abilities, and will adhere to the policies of the Winchester District Memorial Hospital on Privacy and Confidentiality, Workplace Violence and Abuse and Harassment and Discrimination. As well, I will adhere to the policies and bylaws of the Winchester District Memorial Hospital Auxiliary. I understand that any misrepresentation made by me in connection with my application will be just and sufficient cause for my removal from volunteer duties with the Winchester District Memorial Hospital Auxiliary.

Applicant Signature

Date

For applicants under 18 years of age: I hereby give permission for my son/daughter to volunteer with the Winchester District Memorial Hospital Auxiliary and/or its partners.

Parent/Guardian Signature

Date