



DELTA HOSPITAL AUXILIARY SOCIETY VOLUNTEER APPLICATION Hospital Unit

***NOTE:** To apply for volunteer work in the Thrift Shop, Gift Shop, Lifeline, Communications, Café (Shopper), or Office please use Volunteer Application – Non-Hospital Unit Form*

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Address: _____ City: _____

Postal Code: _____

Phone (Home): _____ Phone (Cell): _____

Email: _____

AGE: Under 19 19-25 26-65 over 65

Emergency Contact: _____ Relationship to You: _____

Phone: _____ Email: _____

INTERESTS

Why are you interested in volunteering for us as part of the Hospital Unit? (career training, bedside, flower arranging, music, greeting, Mountain View Manor)

What times are you available for volunteer work? Please indicate below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Would the times be regular, or would they need to change frequently?

Regular

Change. If times would have to change often, please explain

ABILITIES/SKILLS

List any hobbies/skills/interests/experiences. _____

Do you speak read/write any language other than English? Specify _____

BACKGROUND

Are you presently a volunteer? Yes No If yes, where? _____

Describe relevant past volunteering: _____

Are you employed? Yes No If yes, where? _____

May we contact you at work? Yes No

Describe relevant past work: _____

If currently a student, what school/university do you attend? _____

Area of study: _____ Grade/Year: _____

List any past relevant education/training you have: _____

REFERENCES

Please provide 2 references (not relatives) that have known you for at least 6 months. (*Please tell them they will be contacted*).

Personal Reference: Name: _____

Phone: _____ Cell: _____ Email: _____

Business/Volunteer Reference Name: _____

Phone: _____ Cell: _____ Email: _____

WORKPLACE RESPECT AND CONFIDENTIALITY AGREEMENT

A truly respectful workplace requires the cooperation and support from each and every person in the organization. Everyone has a responsibility to set a positive example and behave in a manner which will not offend, embarrass or humiliate others, whether deliberate or unintentional.

I agree to treat all volunteers and clients with respect and free from discrimination and harassment.

I agree that at no time, during or after my volunteer service, will I use any confidential information of which I may come into possession for my own benefit, or disclose said information to others.

I agree when I am not longer a volunteer, I will return, retaining no copies, all information which is of a confidential nature.

Signature of Applicant

Print Name

I _____ (*print your name*) confirm that the information in this volunteer application is complete and true. I understand and agree that any omission or misrepresentation with respect to the information given may be cause for refusal of volunteer placement, or if I am a volunteer of Delta Hospital Auxiliary Society/Fraser Health, may be the cause for immediate termination. I understand that a Criminal Record Check may be required for some positions. I authorize Fraser Health to contact the references listed and give permission to these references to release all relevant information requested. I understand, and give permission for Delta Hospital Auxiliary Society/Fraser Health to keep a record of my personal information on site and that it will remain confidential. I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information.

Signature of Applicant

Date

Guardian Permission (for those aged 15 to 19) - I hereby give my permission for the above named applicant to serve as a Junior Volunteer of the Delta Hospital Auxiliary Society:

Signature of Guardian

Print Name

For Office Use Only

Confidentiality Agreement Signed	References Checked	TB Test Received	Group Orientation
Membership Fee Paid	Photo Consent Form Signed	Photo Consent Form Declined	

Return completed applications to either:

- Delta Hospital Auxiliary Society, 5800 Mountain View Blvd., Delta, BC V5K 3V6 or Fax 604-946-5741, or
- Fraser Health Volunteer Coordinator, Delta Hospital.