

**ST. JOSEPH'S GENERAL HOSPITAL ELLIOT LAKE  
APPLICATION FORM  
VOLUNTEERS**

Thank you for applying to be a Volunteer at St. Joseph's General Hospital Elliot Lake. Please leave all completed Volunteer Application forms with Personnel and Personnel will forward your application to the appropriate Coordinator.

<b>APPLICANT</b>			
Family Name		Given Name	
<b>ADDRESS</b>			
Street			
City			
Postal Code			
Phone		Email	
<b>LANGUAGES</b>			
Languages Spoken →	English	French	Other

Where did you hear about Volunteering at the Hospital?

Staff	Patient	Volunteer	Media	Other
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Please indicate the times when you are usually available for a volunteer assignment.

Sunday Time	Monday Time	Tuesday Time	Wednesday Time	Thursday Time	Friday Time	Saturday Time
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<b>SKILLS, HOBBIES &amp; TRAINING</b>
What skills, hobbies and training do you possess which you feel would be useful as a volunteer?

<b>VOLUNTEER PROGRAMS/SERVICES</b>	
Please note that each volunteer program/service listed below is considered to be separate and individual from one another. Please check your preference. Check more than one if applicable.	
<input type="checkbox"/> Clerical (delivery of mail, filing, photocopying)/Escorting (portering) Patients	Oaks Centre → <input type="checkbox"/> Detox <input type="checkbox"/> Camillus Centre
<input type="checkbox"/> Gift Shop	<input type="checkbox"/> Dog Therapy
<input type="checkbox"/> St. Joseph's Manor	<input type="checkbox"/> Palliative Care

<b>REFERENCES</b>	
1. Name	Phone No.
2. Name	Phone No.

<b>CONSENT</b>	
I hereby consent to the release of references by the above named for the purposes of this application	
Applicant's Signature	Date
Witness to Applicant's Signature	Date
Please print name of witness →	

<b>CERTIFICATION</b>	
I certify that statements made on this Application are true.	
Applicant's Signature	Date

You will be contacted by the Volunteer Coordinator from the Volunteer Service that you have expressed an interest in.

Thank you for applying to our Volunteer Programs.

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