



Celebrating 100 years of service to your hospital...



**VOLUNTEER APPLICATION**

**Personal Information**

Mr  Ms  Mrs  Miss  Other \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: Home: (\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Citizenship:  Canadian  Other: \_\_\_\_\_

Age Group:  Under 19  19-25  26-40  41-60  Over 60

**Interests**

Why are you interested in volunteering for us? \_\_\_\_\_

**Check what type of volunteer programs interest you?**

- Hospital Reception  Medical Equipment Loans  Cottage Thrift Store  Gift Shop
- Comfort Cart  Ambulatory Day Care  TV Rentals  Bus Outings

Can you volunteer on a regular basis?  Yes  No, what times are you available for volunteer work?

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

Please indicate blocks of specific times in the spaces provided:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

List any hobbies / skills / interests/ experiences that would be helpful in your volunteering: \_\_\_\_\_

Do you speak and/or write languages other than English:  Yes  No

If YES, please specify: \_\_\_\_\_

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Office Use Only:	
Rec'd Date:	On Hold Date:
Comments / Notes:	



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**VOLUNTEER:** Are you presently a volunteer?  Yes  No

If yes, where: \_\_\_\_\_ How long? \_\_\_\_\_

Describe any previous volunteer experience: \_\_\_\_\_

**EMPLOYMENT:** Are you currently employed:  Yes  No  Full Time  Part Time  Casual

Current Employer: \_\_\_\_\_

May we contact you at work:  Yes  No

Previous Employment: (attach resume if you wish) \_\_\_\_\_

Area of Study: \_\_\_\_\_ Year / Grade: \_\_\_\_\_

List any past relevant education/training you have: \_\_\_\_\_

Have you any specific health care training:  Yes  No If yes, please describe: \_\_\_\_\_

Please provide two written references (not relatives that have known you for at least 6 months; one personal and one business or volunteer related: (Please inform your references that they may be contacted)

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Personal Relationship to you: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Personal Relationship to you: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Information: In case of emergency, contact Name: \_\_\_\_\_

Telephone: Home: (\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**\*\*Please read the following carefully before signing this application\*\***

"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 and may be cause for immediate termination. **!! I understand that a Criminal Record Check is required.** I authorize Mission Healthcare Auxiliary to contact the references listed and give permission to these references to release all relevant information requested."

I understand, and give permission for Mission Healthcare Auxiliary to keep a record of my personal information 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: \_\_\_\_\_ Date: \_\_\_\_\_

For additional information, contact us at: [human.resources.mhas@gmail.com](mailto:human.resources.mhas@gmail.com)  
Return completed applications to: Volunteer Resources, Mission Memorial Hospital  
7324 Hurd St., Mission, BC V2V 3H5