



Celebrating 100 years.....



VOLUNTEER APPLICATION

Personal Information

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Other _____ Preferred First Name: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code _____

Telephone: Home: (____) _____ Cell: (____) _____

E-Mail: _____ Citizenship: ☐ Canadian ☐ Other: _____

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

Have you had a flu shot? Y - N --- Have you had your Covid shots? Yes – 1 – 2 – 3 ----- No _____

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 ☐ Ambulatory Day Care ☐ Bus Outings (TRIM)

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: _____

Continued on back page...

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

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



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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: _____

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