

Volunteer Application Form

Kingston Health Sciences Centre



Check preferred site: Hotel Dieu Hospital (HDH) Kingston General Hospital (KGH) Either site
If you currently volunteer at HDH or KGH, contact Volunteer Services as we already have your application on file

Last Name: _____ First Name: _____

Street Address _____	
City/Town _____	Postal Code _____
Primary Phone Number _____	<input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> other
Alternate Phone Number _____	<input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> other
Email address (print clearly) _____	
Include an email address that you check regularly and add volunteer@kingstonhsc.ca as a "safe sender" to your email account so our emails don't go to your junk mail folder or spam filter.	

Are you currently, or have you ever been an employee or volunteer at Hotel Dieu Hospital or Kingston General Hospital?

- No
 Yes, I currently work at KHSC I am a former HDH or KGH employee I am a former HDH or KGH volunteer

Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No (if not, skip this section)
Status: <input type="checkbox"/> High School <input type="checkbox"/> Post-Secondary Graduate <input type="checkbox"/> Other _____
Current Grade Year Level Program _____
Your expected length of stay in Kingston: <input type="checkbox"/> Sept-Apr <input type="checkbox"/> May-Aug <input type="checkbox"/> Year-round <input type="checkbox"/> Other _____
If under 18, please indicate your age _____

Who/What encouraged you to apply? (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Sought out on my own | <input type="checkbox"/> A family member, friend or co-worker | <input type="checkbox"/> Staff from my school |
| <input type="checkbox"/> A story in print, radio or tv media | <input type="checkbox"/> A story in social media | <input type="checkbox"/> KGH or HDH closed-circuit tv |
| <input type="checkbox"/> A KGH or HDH staff member | <input type="checkbox"/> A KGH or HDH volunteer | |

Why Us? Tell us what inspired you to apply to volunteer at HDH or KGH?

Tell us how you would like to contribute your time by ranking your preferences from these three categories, with "1" being your top preference. You will be invited to attend an Information Session where you will learn more about the specific volunteer roles in these categories.

- ____ serving customers in a gift shop, cafe, coffee shop, refreshment cart or lottery booth
____ providing patients|visitors with information and directions
____ spending time with patients in clinics and inpatient settings

Summarize the employment, volunteer and life experiences you've had that could benefit our patients and families.

List any hobbies, interests or special skills and talents you would like to share. _____

Is there anything else you feel we should know when considering your application to volunteer? _____

List two people you have asked to complete the KHSC Reference Form

① Name: _____ Affiliation: _____

② Name: _____ Affiliation: _____

Please read and check before signing:

- I certify that I am 16 years of age or older and that the information in this application is correct to the best of my knowledge and I understand that any misrepresentation or omission may result in my dismissal if I am accepted as a volunteer.
- I understand that my 2 references need to submit their completed forms directly to Volunteer Services, or through me in a signed, sealed envelope.
- I hereby authorize and release from all liability my references, to provide Volunteer Services, with reference information concerning me, including but not limited to achievement, performance, attendance, employment/ educational history, disciplinary information and reason for separation of employment and/or education.
- I understand that not everyone who applies is accepted as a volunteer.
- I understand that, upon acceptance into a volunteer position, KHSC requires that I submit the results of a criminal reference check with the vulnerable sector search (18+ years old). More details are provided at the interview.
- I understand that prior to confirmation of a program and shift, volunteers must submit the results of a negative 2-step Tuberculosis (TB) test and provide proof of immunization. You will be provided with a form that your primary health care provider is required to complete.
- I agree to make a regular commitment to KHSC for a minimum of 6 months and/or a minimum of 60 hours service.

Applicant's Signature: _____ Date: _____

Personal information contained on this form is collected pursuant to the Public Hospitals Act and the Freedom of Information and Protection of Privacy Act (FIPPA), and will be used for the purpose of volunteer selection and placement at KHSC. We will not share this information otherwise without permission from the applicant and their guardian.

Currently we use a vendor in the United States to store our applicant information and to provide statistics to us. Your information is protected in accordance with current privacy laws. If you have questions about your information or our process, please contact the Privacy Officer at 613-549-6666 Ext. 2567 or e-mail to privacy@kingstonhsc.ca

volunteer@kingstonhsc.ca ♦ phone 613-548-2359 ♦ fax 613-548-2475 ♦ www.kgh.on.ca ♦ www.hoteldieu.com

mailing address: Volunteer Services ♦ Kingston Health Sciences Centre ♦ 76 Stuart Street ♦ Kingston ON ♦ K7L 2V7