



Kingston
General
Hospital

☆Volunteers in Health Care☆
Youth Summer Volunteer Team
Application 2016

Deadline for applications Friday, May 13th

Name _____

Address _____

Postal Code _____

Email Address (print clearly) _____

Home Phone#: _____ Cell Phone# _____

Current Grade: _____

☐ Please indicate that you fall within the age range of 14 and 18 (or born anytime in or before 2002)

Office Use Date

Completed

☐ Data Entry: _____
☐ Interview _____
☐ Reference check _____
☐ Immunization _____
☐ TB _____
☐ CRC (18 years) _____

☐ Orientation _____
☐ Confid. Form _____

☐ e-Orient ☐ e-Accessibility ☐ e-HEART

PLEASE READ THE APPLICATION CAREFULLY AND COMPLETE EVERY SECTION

1) How will volunteering at Kingston General Hospital help meet your goals? (e.g. personal, academic, career)

2) Explain your experience working with children and/or the elderly and/or people that are ill:

3) List leadership training, employment experience, awards, and/or special skills:

4) List community, school, club, hobby interest/involvements:

5) Is there anything else you would like to share?

In order for an applicant to be considered for an interview, we must receive 2 **completed REFERENCE FORMS** (also by the May 13th deadline). References can be a teacher, neighbour, employer, camp counselor, volunteer supervisor, etc. References cannot be immediate family members.

References should focus on how well the applicant relates to people of all ages, as well as their level of reliability, independence, maturity, ability to follow instructions and to work as a team player.

References need to be submitted to Volunteer Services confidentially by the referee. Submission options are listed on the bottom of page 2 of the form.



All volunteers must produce proof of immunization and the results of a 2-step TB skin test that has been performed within the last 12 months. Forms will be provided for those that are selected for the program.

☐ I will attend the **MANDATORY** full day orientation session on Monday, July 4th and the **MANDATORY** program training on Tuesday July 4th – Friday July 8th Please note we do not consider requests for alternatives or exceptions to these dates. The Team learns together and works together throughout the summer.

☐ I understand that I'm required to be available for at least one day a week in at least 6 of the 8 weeks of the program.

☐ I am willing to commit to at least 75 hours over the summer, including the orientation and training dates mentioned above.

Please indicate any days or blocks of time when you are not available to volunteer in July & August (e.g. vacation, work)

July _____ August _____

Signature of Applicant _____ Date _____

Name of Parent or Guardian (please print): _____

☐ If selected, I consent to my son/daughter taking part in the SUMMER VOLUNTEER PROGRAM.

Telephone Number :(Day) _____ (Cell) _____

SIGNATURE OF PARENT OR GUARDIAN _____

Please return by May 13th to:

Volunteer Services, Connell 1
Kingston General Hospital
76 Stuart St.
Kingston, ON K7L 2V7

For More Information:

Tel #: (613) 548-2359

Fax: (613) 548-2475

volunteer@kgh.kari.net

www.kgh.on.ca



Space in the summer program is limited to 20 volunteers.

All applications will be acknowledged and those selected for an interview will be contacted by phone and/or email to arrange an interview day and time.

Personal information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act, FIPPA, 2012, and will be used for the purpose of volunteer selection and placement at KGH. 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. We will protect this information in accordance with current privacy laws. If you have questions about your information or our process, please contact the Director of Volunteer Services at 613-548-2359 or volunteer@kgh.kari.net