



VOLUNTEER SERVICES APPLICATION FORM

PLEASE PRINT			Date	
First Name	Last Name	Initial	Date of Birth Month	Date of Birth Day
Street Address	City	Province	Postal Code	
Home Telephone Number: Cell Telephone Number:		Email Address:		
IN EMERGENCY NOTIFY: Name		Relationship	Telephone Numbers: Home Cell Business	
Please list your employment history:				
Previous and/or current volunteer experiences:				
Please list current school you are attending and the highest level of education completed:				
Please list any skills, interests, hobbies and personal experiences and training relevant that would be an asset to your volunteer placement:				
Are there any physical limitations or health problems that you feel we should be made aware that might affect your volunteer placement?				
Do you speak, read or write another language? Yes <input type="checkbox"/> No <input type="checkbox"/> What language? _____				
A 3 month volunteer commitment is required. Are you able to make this commitment? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Which site(s) are you interested in volunteering? (Please check)				
St. Joseph's Hospital ___ Lakehead Psychiatric Hospital ___ St. Joseph's Heritage ___ Hogarth Riverview Manor ___				
How did you learn about St. Joseph's Care Group Volunteer Services?				

What are your reasons for volunteering for St. Joseph's Care Group?

References that may be contacted. Please indicate an employment and character reference:
(Enclosed are forms to be sent to references)

1.	Name	Address	Relationship	Phone Number
<hr/>				
2.	Name	Address	Relationship	Phone Number
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I authorize St. Joseph's Care Group to contact the individuals and/or organizations listed above for the purpose of obtaining reference information. I hereby give permission to these individuals and/or organizations to release to St. Joseph's Care Group all relevant information requested.

Signature of Applicant _____ Date _____

If you are under the age of 16 you must have a parent or legal guardian's signature on this document.

Name of Parent or Guardian (Please Print)

Signature of Parent or Guardian

PLEASE NOTE: All volunteers require a Health Interview with St. Joseph's Care Group, Occupational Health Services. A Tuberculin Skin Test may be required. Volunteers over the age of 18 volunteering in Long-Term Care Homes are required to provide a Criminal Reference Check. The process for the TB Skin Test & Criminal Reference checks will be provided by the Coordinator, Volunteer Services.

I hereby certify that the information set forth in this application is true and complete. I understand that omissions or false statements will be considered sufficient cause for rejection of application or discharge. If accepted as a volunteer by St. Joseph's Care Group, I agree to adhere to all policies and procedures of St. Joseph's Care Group.

Signature of Applicant

Date

Please forward your completed form to the Coordinator, Volunteer Services at the site you have indicated.

Loretta Turpin CVRM CAVR
Coordinator, Volunteer Services
Email: turpinl@tbh.net

Anna Grenier CVRM CAVR
Coordinator, Volunteer Services
Email: greniera@tbh.net

St. Joseph's Hospital
343-2428
35 Algoma Street North
Thunder Bay, ON P7B 5G7

St. Joseph's Heritage
768-4448
63 Carrie Street
Thunder Bay, ON P7A 4J2

Lakehead Psychiatric Hospital
343-4346
580 Algoma Street North
Thunder Bay, ON P7B 5G4

Hogarth Riverview Manor
625-1117
300 Lillie Street North
Thunder Bay, ON P7C 4Y7

Personal information contained on this form is collected for the purpose of maintaining current volunteer records. Questions about this collection should be directed to the Freedom of Information Coordinator, 580 Algoma St. N., Thunder Bay, Ontario, P7B 5G4, Phone: (807) 346-5238, E-mail: foi-sjcg@tbh.net