



## CLIENT & FAMILY PARTNER VOLUNTEER APPLICATION FORM

<b>PLEASE PRINT</b>		Date	
First Name	Last Name	Date of Birth Month                      Day 	
Street Address	City	Province	Postal Code
Home Telephone Number:		Email Address:	
Mobile Telephone Number:			
Emergency Contact: Name	Relationship to Applicant:	Telephone Numbers Home: Cell: Business:	
If desired, please list your employment history:			
Please list any previous and/or current volunteer experiences:			
Please list any skills, interests, hobbies and personal experiences and training relevant that would be an asset to volunteering:			
Do you require any accommodations for volunteering?			
How did you learn about St. Joseph's Care Group's Client & Family Partner Program?			
What interests you about volunteering with St. Joseph's Care Group?			
Do you speak another language?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which language? _____			



Please provide an example of a conflict situation you have been involved in with a co-worker, peer or manager. What was the situation, how did you handle it and looking back, what would you have done differently?				
What does team work mean to you?				
What qualities do you feel you would bring to a team environment?				
References: Please indicate two individuals who know you well and agree to being contacted as a reference for you:				
1.	Name	Address	Relationship	Phone Number or Email
<hr/>				
2.	Name	Address	Relationship	Phone Number or Email
<hr/>				
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	

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 application to:

**Communications & Engagement**  
Client & Community Relations Coordinator  
St. Joseph's Hospital  
35 Algoma St. N, P.O. Box 3251  
Thunder Bay, ON P7B 5G7  
Email: SJCG.Engagement@tbh.net

*Thank you for completing the Client & Family Partner Volunteer Application Form*