



VOLUNTEER APPLICATION FORM

All information on this Volunteer Application Form whether submitted online or in paper directly to Seven Oaks General Hospital Volunteer Services will be entered to a website owned by Better Impact and not Seven Oaks General Hospital or the Winnipeg Regional Health Authority (WRHA).

Date: _____ [] Mr. [] Miss [] Ms [] Mrs.

Last Name: _____ First Name: _____

Middle Name: _____ Preferred Name: _____

Address: _____ Apt. No. _____ City/Town: _____

Province: _____ Postal Code: _____ E-Mail: _____

Phone: Home _____ Business: _____ Cell: _____

I prefer to receive calls at: [] Home [] Business [] Cell Best Time to Call: _____

- Are you 16-17 years of age? [] Yes [] No
Are you between 18-25 years of age? [] Yes [] No
Are you between 26-60 years of age? [] Yes [] No
Are you 60+ years of age? [] Yes [] No

Education Formal education is not required to be a volunteer. We welcome experience of all kinds!

Are you currently a student? [] Yes [] No

If you are currently a student, please complete this section:

Name of School: _____ Grade Level/Year of Study: _____

Course of Study: _____

Are you receiving credit for your volunteer work? [] Yes [] No Required number of hours _____ By When? _____

If yes, what school or organization do you require the hours for? _____

If you are not currently a student, what is your highest level of education?

- [] High School
[] University/College, please specify degree/course of study _____
[] Trade/Business, please specify _____
[] Other, please specify _____

Employment History Currently I am: [] Employed [] Unemployed [] Retired [] Other [] Student

Table with 5 columns: Company Name/Employer, Your Job Title, From (M/Y), To (M/Y), Reason for Leaving. Contains 4 empty rows for data entry.

Volunteer Work Please list organizations that you currently are volunteering for or have volunteered for in the past including: community clubs, schools, religious organizations, professional associations, non-profit organizations, sporting organizations, etc.

Organization	Your Responsibilities	From (M/Y)	To (M/Y)	Reason For Leaving

Have you ever applied to volunteer with this organization before? No Yes When? _____

Check the following volunteer categories that are of interest to you:

- Administration Patient Support Community Support
 Special Events Spiritual Health

Check the skills and experience you have to offer:

- Clerical, Organizational Creative/artistic ideas Training/Education
 Health care Communication Other (specify) _____
 Retail Experience Research
 Computer, Technology Musical Ability Languages _____
 Public Speaking Experience with the elderly
 Fundraising Experience Recreation

Check your reason(s) for volunteering:

- Academic Credit Stay active & involved Practice English skills
 Learn new skills Help others Referred by medical profession
 Employment Experience Improve health care Other (specify) _____
 Explore careers Social interaction
 Increase self-esteem Relative/friend volunteers

Availability Please check the preferred time period(s) that you are available to volunteer FOR THE NEXT 6 MONTHS. Please specify the times you would arrive for your shift and then have to leave.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Are you interested in volunteering for special projects or events? Yes No
Are there times of the year you are not available to volunteer? i.e. vacation _____

Optional

If you wish to have anything further to be taken into consideration when determining a volunteer placement (for example: mobility issues, back problems or allergies), you may list those issues in the space provided:

Who would you like us to contact in case of an emergency?

Name: _____ Phone : Home _____
Work _____
Cellular _____

References

If you are interviewed as a potential volunteer, we will contact three (3) references. References from family members or from personal friends are not accepted, unless you worked with them.

Reference Name: _____ Phone & Email address: _____
Reference Name: _____ Phone & Email address: _____
Reference Name: _____ Phone & Email address: _____

Authorization and Consent

By submitting this application, I agree that the information I have provided on the form is true and accurate. Furthermore, I understand and agree that submitting this application form does not automatically register me as a volunteer. It is the policy of Seven Oaks General Hospital Volunteer Services to screen all prospective volunteers. While we try to place every prospective volunteer, management reserves the right to decline applicants who do not meet our requirements and/or placement criteria. I consent to this information and information about my volunteer work with Seven Oaks General Hospital to be maintained on the Better Impact website and absolve and release Seven Oaks General Hospital and the WRHA from all and any liability that may otherwise accrue by reason of keeping this information on the Better Impact website and using this information for Seven Oaks General Hospital purposes.

Signature of Applicant:

Date:



SEVEN OAKS GENERAL HOSPITAL

Parent/Guardian Consent Form (For applicants 16 & 17 years of age)

Disclaimer

All information on this Volunteer Application Form whether submitted online or in paper directly to Seven Oaks General Hospital Volunteer Services will be entered to a website owned by Better Impact and not Seven Oaks General Hospital or the Winnipeg Regional Health Authority (WRHA). Better Impact is a third party contracted to manage and store all information on volunteers collected by Seven Oaks General Hospital Volunteer Services, including, but not limited to: this application, personal information, volunteer assignments, service hours, awards, etc. Better Impact stores this information on servers in Canada and thereby adheres to Canadian Privacy law. Seven Oaks General Hospital and the WRHA are not responsible for any lost or misdirected data or for any delays while data is being sent to or stored on the Better Impact website. Information about Better Impact's Security Features, Privacy Policies and Terms of Use can be found on its website at www.betterimpact.com.

Authorization and Consent

It is the policy of Seven Oaks General Hospital Volunteer Services to screen all prospective volunteers. While we try to place every prospective volunteer, management reserves the right to decline applicants who do not meet our requirements and/or placement criteria. I consent to this information and information about my child/ward's volunteer work with Seven Oaks General Hospital to be maintained on the Better Impact website and absolve and release Seven Oaks General Hospital and the WRHA from all and any liability that may otherwise accrue by reason of keeping this information on the Better Impact website and using this information for Seven Oaks General Hospital purposes.

I, _____ hereby give my permission for
(print name of parent/guardian)

_____ to volunteer for Seven Oaks General Hospital
(print name of applicant)

I have read and understood the Authorization and Consent as well as the Disclaimer and I consent to the details on my child/ward's volunteering being stored on the Better Impact website as described above. **NOTE:** Parents may be advised of performance issues or in the event that disciplinary action should be required.

Date _____
(signature of parent/guardian)



SEVEN OAKS
GENERAL HOSPITAL

What to expect when you apply to become a Seven Oaks General Hospital (SOGH) Volunteer

Step 1 *Applying*

- Applying to volunteer is much like applying for a job. We take many factors into consideration before accepting volunteers to assist with SOGH programs. Because we take our responsibility for patients seriously, we screen all applicants thoroughly. Completing your application as thoroughly as possible will help us assess your suitability for volunteering in a health care environment.
- If you are **16-17** years of age, you must complete a Volunteer Application Form as well as a Parental/Guardian Consent. This application form can be found online or by calling our office at 204-632-3179.

Step 2 *The Interview*

- Once our office receives your application, Volunteer Services may contact you to arrange a date and time for an interview and will ask you to submit three (3) references at the time of the interview.
- The interview is one of our ways of finding out more about you and your interests.
- During the interview, feel free to ask any questions you may have about volunteering with SOGH.
- We will also discuss expectations of volunteers and the importance of confidentiality.

Step 3: *Screening*

- After your interview, Volunteer Services will contact your references.
- All volunteer applicants over the age of 18 will be asked for a Criminal Record Check, Adult Abuse Registry Check & Child Abuse Registry Check.

Step 4: *The Offer*

- If a successful match is made between your skills and abilities and an available position, SOGH Volunteer Services staff will offer you a volunteer position. If you decide to accept the offer, a start date will be determined.
- If you are a student getting credit hours for your volunteering, it is your responsibility to track your hours to ensure you are meeting your school's hour requirements.

Step 5: *Training & Orientation*

- On your first day, a SOGH Volunteer Services staff person will provide you with a volunteer identification tag and uniform, as well as a general orientation to the facility. You will then receive specific training for your volunteer position.
- You are now ready to begin volunteering!

Questions? Please call Volunteer Services at 204-632-3179