



Please return completed form to:
 Volunteer Services
 Seven Oaks General Hospital
 2300 McPhillips Street, Winnipeg, MB R2V 3M3
 Phone (204) 632-3179 Fax (204) 697-3074

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 Volgistics, Inc. and not Seven Oaks General Hospital or the Winnipeg Regional Health Authority (WRHA). Volgistics 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. Volgistics currently stores this information on servers located outside of Canada. This information will be subject to the laws of the country where it is kept. 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 Volgistics website. Information about Volgistics' Security Features, Privacy Policies and Terms of Use can be found on its website at www.volgistics.com.

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 between 14 –17 years of age? Yes No
 Are you over 18 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

Company Name/Employer	Your Job Title	From (M/Y)	To (M/Y)	Reason for Leaving

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? _____

Is there a specific volunteer role that you are interested in? If yes, please describe:

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Portering Services | <input type="checkbox"/> Gift Shop Sales Associate |
| <input type="checkbox"/> Flower and Mail Delivery | <input type="checkbox"/> Dialysis Helper | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Recreation Programs | <input type="checkbox"/> Oncology Helper | <input type="checkbox"/> Clerical/Office Duties |
| <input type="checkbox"/> Book Cart | <input type="checkbox"/> Day Hospital | <input type="checkbox"/> Volunteer Ambassador |
| <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Day Surgery | <input type="checkbox"/> _____ |

Check the skills and experience you have to offer:

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

Check your reason(s) for volunteering:

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

Check how you found out about our volunteer program:

- | | | |
|--|--|--|
| <input type="checkbox"/> Physician | <input type="checkbox"/> School | <input type="checkbox"/> TV |
| <input type="checkbox"/> Community | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Volunteer Centre |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Noticed department | <input type="checkbox"/> Referral Organization |
| <input type="checkbox"/> Previously a patient/client | <input type="checkbox"/> Poster/brochure/flyer | <input type="checkbox"/> Recruitment/Information Booth |
| <input type="checkbox"/> Employee of Seven Oaks | <input type="checkbox"/> Internet | <input type="checkbox"/> Relative/Friend |
| <input type="checkbox"/> Previously a volunteer | <input type="checkbox"/> Radio | <input type="checkbox"/> Other (specify) _____ |
| | | <input type="checkbox"/> _____ |

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							

How many times per week would you like to volunteer? one shift 2-3 shifts 4 or more

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, you will be asked to provide three (3) references. Please note that references from family members or from personal friends will not be accepted, **unless you were employed by them.**

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 Volgistics 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 Volgistics website and using this information for Seven Oaks General Hospital purposes.

Signature of Applicant:

Date:



For those applicants under the age of 18, parental/guardian consent is required before submitting this application.

I, _____ (print name of parent/guardian), hereby give my permission for _____ (name of volunteer) to volunteer for Seven Oaks General Hospital. I have read and understood the Volunteer Application Form and I consent to the details of my child's volunteer records being stored on the Volgistics' website as described at the beginning of this Volunteer Application Form.

NOTE: Parents may be advised of performance issues or in the event that disciplinary action should be required.

Signature of Parent/Guardian: _____

Date: _____



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 clients/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 under 18 years of age, you must complete the Volunteer Application Form which requires Parental/Guardian Consent. This application form can be found online or by calling our office at 632-3179.

Step 2 *The Interview*

- Once our office receives your application, a SOGH Volunteer Services staff member may call 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, a SOGH Volunteer Services staff member will contact your references.
- Depending on the volunteer role(s) that you are interested in, a criminal record check and/or a Child Abuse Registry check may be required. You will be notified of any required checks during your interview.

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 SOGH volunteer identification tag, 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 Seven Oaks General Hospital Volunteer Services at 632-3179