

VOLUNTEER APPLICATION FORM

Site: Wingham District Hospital or Listowel Memorial Hospital

Name of Volunteer

First Name: _____ Last Name: _____ Phone: _____ Email: _____

Emergency Contact Information

Name: _____ Relationship: _____ Phone: _____

GENERAL QUESTIONS

Why are you interested in volunteering at LWHA?

Current Occupation:

Please describe any previous, current or other volunteer service:

Please list which volunteer position you are interested in (Position descriptions are located in Volunteer Opportunities on LWHA website):

Do you have any special considerations or limitations that we would need to accommodate?

Availability (Please check off availability in appropriate boxes)

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

References

Please provide 2 References that can be contacted:

1.) Name: _____ Phone: _____ Relationship: _____
 2.) Name: _____ Phone: _____ Relationship: _____

Volunteer Commitment/Pledge of Confidentiality

- I agree that all information provided in this application is true and accurate and that misrepresentation will be grounds for dismissal.
- I agree to abide by the policies and guidelines in place at the Listowel Wingham Hospitals Alliance.
- I understand that anything I hear, see or read will not be discussed in the community, with family or friends.
- I understand that a volunteer position is a responsibility and I will fulfill the requirements and time commitments to the best of my ability.
- I understand the importance of ensuring that my Identification Badge is worn at all times.

Volunteer Signature: _____

Date: _____