VOLUNTEER ASSOCIATION TO WEST HALDIMAND GENERAL HOSPITAL

75 Parkview Road Hagersville N0A 1H0

Please Return Completed Form to Coffee Shop

Volunteer Association Application

First Name:		Home Phone:	
Last Name:		Email:	
Address:		Cell Phone:	
Town:	Postal Code:	2 COVID Vaccination :	
Are you volunteering as part of a program? ◯Yes ◯ No	◯ High School Hours ◯ Other		

Emergency Contact Information	
Emergency Contact Name 1:	
Relationship:	Phone:
Emergency Contact Name 2:	
Relationship:	Phone:
Family Doctor's Name	Dr.'s Phone Number

Acknowledgement and Signature

I acknowledge that all information listed here is true to the best of my knowledge. I understand that if and when I discontinue my role as a volunteer at WHGH that I must return my nametag. I accept that the information provided on this application and any information disclosed during any interview may be shared with other Volunteers or staff as required to successfully screen and place me in a service at this facility.

Signature	Parental Signature (students under 18)
Date	Date

Please answer the following questions:

Why do you wish to join this program?

How did you hear about WHGH Volunteer Program?

What other volunteer experience do you have?

If you are under 18 years of age, please specify which activities you participate in:

○ babysitting   ○ paper route   ○ music   ○ Youth groups
○ part-time job   ○ sports   ○ crafts

Special Skills I have/Enjoy: (e.g.: Computer, Crafts, Musical talents, etc.)

Volunteer Positions Summary

Place a check mark (√) in the boxes of the volunteer services which interest you the most.
The service(s) that you are able to participate in will be determined by your availability, skills and experiences as well as by our current vacancies. This will be discussed during your interview.

○ Information Desk   ○ Coffee Shop   ○ Sewing/Knitting
○ Elder Life Program   ○ Greeter   ○ Fundraising

Schedule of Availability

Day	Time				
	Morning	Afternoon	After School	Evening	Anytime
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

How many times per week _____ or per month _____ would you like to volunteer?

Thank You for Choosing to Support Local Healthcare and Volunteer at WHGH