



Community Resources Student Volunteer Application

Date of Application:
Date of Interview:
<input type="checkbox"/> Identification Verified
Date of Orientation:

<input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. Last Name <input type="checkbox"/> Miss <input type="checkbox"/> Ms.		Given Names					
Number/Street/Apt.			City			Postal Code	
Home Telephone				Cell			
Email				Date of Birth (dd/mm/yyyy)			
Education (please attach resume if available)							
Highschool		Grade		University		Year	
Language(s) Spoken:							
<input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> South Asian, specify: _____ <input type="checkbox"/> French <input type="checkbox"/> Cantonese <input type="checkbox"/> Other: _____							
Are there any physical limitations to your activities?							
<input type="checkbox"/> Lifting <input type="checkbox"/> Walking <input type="checkbox"/> Other: _____							
Availability (check all appropriate boxes)							
Summer Program							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular Program							
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer Service Desired (based on vacancy)							
<input type="checkbox"/> Clinical areas (e.g. Adult Surgery) <input type="checkbox"/> Service Areas (e.g. Info Desk, Gift Shop)							
How did you hear about the Volunteer Program?							
<input type="checkbox"/> Website <input type="checkbox"/> Referral (e.g. staff, physicians) <input type="checkbox"/> Other: _____							
Parent/Guardian Name				Telephone			
For completion by Parent or Guardian of Student below age of 18 years:							
My daughter/son _____ has my permission to serve as a volunteer at Markham Stouffville Hospital.							
Has she/he any physical limitations which would govern the type of assignment given? <input type="checkbox"/> No <input type="checkbox"/> Yes							
If yes, specify: _____							
Signature: _____				Date: _____			
Waiver							
As a volunteer, I accept the responsibility to maintain my knowledge/understanding of my volunteer role and remain current on emergency code procedures. I commit to participating in training and evaluation activities. I have been informed that I am entering into an "at pleasure relationship". In the event that my volunteer involvement is not compatible with the Hospital's requirements, the decision of the Director/Coordinator of Community Resources will be final (i.e. re-training, transfer to another area or termination). I hereby grant permission for my personal contact information (phone number and email) to be shared with my placement supervisor and other volunteers in my work area for the purposes of scheduling and relaying information.							
Signature: _____				Date: _____			