

Personal Information

Mr Ms Mrs Miss Other _____ **Preferred First Name:** _____

Last Name: _____ **First Name:** _____

Address: _____

City: _____ **Postal Code:** |_|_|_| |_|_|_|

Telephone: Home: (____) _____ Business: (____) _____ Cell: (____) _____

Pager: (____) _____ E-Mail: _____

Citizenship: Canadian Other: _____

Age Group: Under 19 19 -25 26-40 41-60 Over 60 **Birthdate:** Month: _____ Day: _____

Interests

Why are you interested in volunteering for us? _____

What type of volunteer programs interest you? _____

Can you volunteer on a regular basis? No Yes, **what times are you available for volunteer work?**

Please **indicate blocks of specific times** in the spaces provided:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
EVE							

Would the times be regular, or would they need to change frequently? Regular Change

If your hours would change frequently, please explain: _____

Abilities/Skills

List any hobbies/skills/interests/experiences: _____

Do you speak and/or write languages other than English: No Yes

If YES, please specify: _____

History (Volunteer, Employment, Education, Training)

VOLUNTEER: Are you presently a volunteer? No Yes

If yes, where: _____ **How long?** _____

Have you volunteered for Fraser Health? No Yes, when/where: _____

History Cont'd...

Describe any previous volunteer experience: _____

EMPLOYMENT: Are you currently employed: Yes No Full Time Part Time Casual

Current Employer: _____

May we contact you at work: Yes No

Previous Employment: (attach resume if you wish) _____

EDUCATION/TRAINING: If you are currently a student, what school/university do you attend:

Area of Study: _____ Year/Grade: _____

List any past relevant education/training you have: _____

Have you any specific health care training: No Yes, If yes, describe: _____

References

Please provide two references (not relatives) that have known you for at least 6 months; one personal, and one business or volunteer related: (Please inform your references they will be contacted)

Name: _____ Phone: (____) _____

Personal Relationship to you: _____ Email: _____

Name: _____ Phone: (____) _____

Business/Volunteer Relationship to you: _____ Email: _____

Emergency Information: In case of emergency, contact Name: _____

Telephone: Home: (____) _____ Business: (____) _____ Cell: (____) _____

Parent/Legal Guardian Consent: (applicants under 19 years old)

I, _____, (Print Your Name) grant my child, _____ (Child's Name), permission to participate in the Volunteer Program at _____ (Organization Name).

Signature of Parent/Guardian: _____ Date: _____

**** Please read the following carefully before signing this application ****

"I _____ (Print your name) confirm that the information in this volunteer application is complete and true. I understand and agree that any omission or misrepresentation with respect to the information given may be cause for refusal of volunteer placement, or if I am a volunteer of Fraser Health, may be cause for immediate termination. I understand that a Criminal Record Check may be required for some positions. I authorize Fraser Health to contact the references listed and give permission to these references to release all relevant information requested."

I understand, and give permission for Fraser Health to keep a record of my personal information on site and that it will remain confidential to Fraser Health. I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information.

Signature: _____ Date _____

Return completed applications to: Burnaby Hospital Attn: Volunteer Resources, 3935 Kincaid Street, B.C. V5G 2X6 or Fax: 604-412-6329 or Email: BUHVolunteerResources@Fraserhealth.ca