

Transfer/Additional Placement Request

To request a transfer or additional placement, provide your area(s) of interest, availability and list of skills and experience. Remember that if selected for another placement you would be required to commit to the new program for a minimum of 6 months and also be **required to provide 1 months notice to your current placement.**

Today's Date: _____	Phone: () _____	Email: _____																								
Last Name: _____		First Name: _____																								
Previous / Current SMH Program(s): _____																										
Request for <input type="checkbox"/> Transfer or <input type="checkbox"/> Additional Placement <i>Please list Program(s) below...</i> 1 st Choice: _____ 2 nd Choice: _____ 3 rd Choice: _____																										
Reason(s) for request: _____																										
Days/times available to volunteer: <i>Regular schedule for 6 months</i>																										
Availability effective from date: _____ to date: _____																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: black; color: white;"> <th></th> <th>Monday</th> <th>Tuesday</th> <th>Wednesday</th> <th>Thursday</th> <th>Friday</th> <th>Saturday</th> <th>Sunday</th> </tr> </thead> <tbody> <tr> <td>From:</td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>To:</td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	From:								To:							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday																			
From:																										
To:																										
Applicable Skills/Experience: _____																										
Comments: _____																										

Submit completed forms to Volunteer Resources
Surrey Memorial Hospital, 13750 96th Avenue, Surrey, BC Canada V3V 1Z2
****Mailbox available outside SMH main office for drop-offs****
Fax: (604) 585-5669 or Email: volunteer.smh@fraserhealth.ca

Office Use Only	
Date Received: _____	Date Reviewed: _____
Comments: _____	