

**IMPACT:**

*For Office Use Only*

Rec'd Date:	Interview Date:	Orientation Date:
<input type="checkbox"/> CHV <input type="checkbox"/> Auxiliary <input type="checkbox"/> SC	Position:	

**Personal Information** *Applicants must be 19 years of age*

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:  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)**

Have you applied to any other Fraser Health Site?     No     Yes    If Yes, where? \_\_\_\_\_

**VOLUNTEER:** Are you presently a volunteer?     No     Yes

If yes, where: \_\_\_\_\_ How long? \_\_\_\_\_

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

Please 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: \_\_\_\_\_

Please list any past relevant education/training you have: \_\_\_\_\_

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

## References

We require two references (not relatives) that have known you for at least six months.

### Personal Reference:

The personal reference must be in the form of a written reference letter attached to this application.

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Personal Relationship to you: \_\_\_\_\_  Letter attached

### Business / Volunteer Reference:

The Volunteer Resources staff will contact the business / volunteer reference. No letter required.

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Business / Volunteer Relationship to you: \_\_\_\_\_ Email: \_\_\_\_\_

## **Emergency Information**

In case of emergency, contact Name: \_\_\_\_\_

Telephone: Home: (\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

## **\*\* 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 by telephone or email 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.

All Volunteers must adhere to Fraser Health immunization requirements and policies.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Please note: Incomplete applications will not be considered.**

Revised: September 2017