



## VOLUNTEER APPLICATION

### PLEASE PRINT

Name		
Address		
City	Province	Postal Code
Email	Telephone	
Emergency Contact Name	Telephone	

### ABOUT YOU

Adult (not attending school)

Student  Level of Current Studies \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(DD) (MM) (YYYY)

Language Spoken \_\_\_\_\_

Have you ever been convicted of a criminal offence for which you have not been pardoned?  
Yes  No   
*(A criminal record does not automatically mean you cannot volunteer. Each case will be considered individually)*

Health Limitations \_\_\_\_\_  
(i.e. heart or back problems that may restrict your activity)

### EXPERIENCE

Experience (work or volunteer) \_\_\_\_\_

Skills/interests/hobbies that may be useful to your volunteer role  
\_\_\_\_\_  
\_\_\_\_\_

Reason for volunteering  
\_\_\_\_\_  
\_\_\_\_\_

### VOLUNTEER INTEREST AND AVAILABILITY

Please ✓ times available to volunteer

Available	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning (8:30 – 12:30)							
Afternoon (12:30 – 4:30)							
Evening (4:30 – 9:00)							

#### Areas of Interest for Volunteering:

Where ever help is needed most  Administrative Support  Fundraising

Event Check-In/Registration/Greeter  Event Activity (Live/Silent Auction/Raffle)

Event Set Up/Tear Down  Volunteer Management

Community Events (Booth Volunteer at Sound of Music, Ribfest, Parades, etc.)



## VOLUNTEER APPLICATION

### TERMS AND CONDITIONS

**IMPACT Volunteers are volunteering on behalf of the Joseph Brant Hospital and Foundation and will abide by the following Terms and Conditions:**

**Confidentiality** I must hold **all** information concerning patients, donors, staff, the Hospital and Foundation in the strictest confidence. This includes medical, personal, social and psychological information. Disclosure of any information may be cause for my dismissal.

**Personal Information** Volunteer contact information may be used for purposes related to volunteering at JBHF. All volunteer files are kept locked and accessed by authorized personal only.

**Health Clearance** I agree to be screened by Employee Health Services, and understand that this screening may include a TB skin test, chest x-ray, blood test and immunization status for MMR (measles, mumps, rubella) and chicken box. This process is mandatory by Joseph Brant Hospital Administration before beginning my volunteer assignment.

**Uniform** When volunteering I must wear my I.D. Badge if required.

**Vulnerable Sector Screening Check** A current vulnerable sector screening check is required for volunteers. I will be reimbursed the cost of the check after completion of 30 hours of volunteer service.

**Commitment** A two-month probationary period will be adhered to. During this period, either party may terminate the partnership with minimal explanation. I understand that if I am unable to report for duty, I must telephone the Foundation or my Volunteer Coordinator responsible for my service.

**Care Commitment & Code of Conduct** I agree to adhere to the JBH Care Commitment of Compassion, Accountability, Respect and Excellence, and will comply with the JBH Code of Conduct.

**Last Day of Service** I will notify the Foundation or my Volunteer Coordinator regarding my last day of service and return any JBHF property I may have in my possession.

### AGREEMENT

I, \_\_\_\_\_ acknowledge that all information listed here is true to the best of my knowledge. I agree to follow the above Terms and Conditions and understand that I have made a commitment and to the best of my ability will honour that commitment. I agree to authorize the Foundation to contact my reference.

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

#### Return Application to:

Joseph Brant Hospital Foundation 101-440 Elizabeth St. Burlington ON, L7R 2M1  
Questions? 905-632-3737 Email [foundation@josephbranthospital.ca](mailto:foundation@josephbranthospital.ca)

### OFFICE USE ONLY

Interview Date \_\_\_\_\_

Police Check Pending \_\_\_\_\_ Completed \_\_\_\_\_

Service Assigned \_\_\_\_\_

Comments \_\_\_\_\_