

APPLICATION FOR VOLUNTEERS

Stevenson Memorial Hospital
 200 Fletcher Crescent
 Alliston, Ontario L9R 1W7
 Telephone (705) 435-6281 ext 1281
 auxiliary@smhosp.on.ca

**PERSONAL INFORMATION**

Name:		Date:
Home Address:		
City, Province, Postal Code:		
Home Phone:	Business Phone:	Email:

*** All volunteers are subject to a criminal reference check***

VOLUNTEER POSITION DESIRED (depending on availability)

1 st Choice :	Availability:
2 nd Choice:	Date Available:

EDUCATION

Level	Name of Program	GRADE/DEGREE AQUIRED
Secondary		
Post Secondary		

Physical Limitations

YES	Lifting	Standing
NO	Walking	Other:

PROFESSIONAL/VOLUNTEER EXPERIENCE: LIST PRESENT OR MOST RECENT EMPLOYER 1ST

Employer: _____ Supervisor: _____ Telephone: _____	Position: _____ Date: _____	Duties: _____ _____ _____
Employer: _____ Supervisor: _____ Telephone: _____	Position: _____ Date: _____	Duties: _____ _____ _____
Employer: _____ Supervisor: _____ Telephone: _____	Position: _____ Date: _____	Duties: _____ _____ _____

****Volunteers are required to purchase a membership of the Stevenson Memorial Hospital Auxiliary and purchase a uniform****

Authorization for References Please provide to two work or volunteer related references – no personal	
Reference: _____	Telephone: _____
Organization: _____	
Reference: _____	Telephone: _____
Organization: _____	
Signature: _____	Date: _____

FOR OFFICE USE ONLY	
References Completed:	Criminal Reference Completed:
Interview Date:	Placement:
Start Date:	Orientation Date:
Uniform Issued:	Occupation Health:
Emergency Contact:	Telephone: