## **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, Posta	al Code:				
Home Phone:	Business Phone:		Email:		
* All volunteers are subject to a criminal reference check*					
VOLUNTEER POSITION DESIRED (depending on availability)					
1 <sup>st</sup> Choice : Availability:		ailability:			
2 <sup>nd</sup> Choice: Date A		ate Available:	Available:		
EDUCATION					
Level	Name of Program	GRA	DE/DEGREE AQUIRED		
Secondary					
Post Secondary					
Physical Limitations					
	Physic	al Limitations			
YES	Physic Lifting	al Limitations	Standing		
YES NO		al Limitations	Standing Other:		
NO	Lifting Walking		Other:		
NO PROFESSIO	Lifting Walking  NAL/VOLUNTEER EXPERIENCE:		Other:  OST RECENT EMPLOYER 1ST		
PROFESSION Employer:	Lifting Walking  NAL/VOLUNTEER EXPERIENCE:	LIST PRESENT OR MO	Other:		
PROFESSION Employer: Supervisor:	Lifting Walking  NAL/VOLUNTEER EXPERIENCE: Position:	LIST PRESENT OR MO	Other:  OST RECENT EMPLOYER 1ST		
PROFESSIC  Employer: Supervisor: Telephone:	Lifting Walking  NAL/VOLUNTEER EXPERIENCE: Position:	LIST PRESENT OR MO	Other:  DST RECENT EMPLOYER 1ST  Duties:		
PROFESSION Employer: Supervisor: Telephone:	Lifting Walking  DNAL/VOLUNTEER EXPERIENCE: Position: Date:	LIST PRESENT OR MO	Other:  OST RECENT EMPLOYER 1ST		
PROFESSION Employer: Supervisor: Telephone: Employer:	Lifting Walking  DNAL/VOLUNTEER EXPERIENCE: Position: Date:	LIST PRESENT OR MO	Other:  DST RECENT EMPLOYER 1ST  Duties:		
PROFESSION Employer: Supervisor: Telephone: Employer: Supervisor:	Lifting Walking  DNAL/VOLUNTEER EXPERIENCE: Position: Date: Position:	LIST PRESENT OR MO	Other:  DST RECENT EMPLOYER 1ST  Duties:		
PROFESSION Employer: Supervisor: Telephone: Employer: Supervisor: Telephone:	Lifting Walking  DNAL/VOLUNTEER EXPERIENCE: Position: Date: Date: Date:	LIST PRESENT OR MO	Other:  DST RECENT EMPLOYER 1ST  Duties:  Duties:		

<sup>\*\*</sup>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:			
Organization:	_		
Signature:			

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