

# APPLICATION FOR VOLUNTEERS

STEVENSON MEMORIAL HOSPITAL  
 200 FLETCHER CRES, P.O. BOX 4000  
 ALLISTON, ONTARIO, L9R 1W7  
[www.stevensonhospital.ca](http://www.stevensonhospital.ca)  
 Phone (705) 435-6281 ext. 1281  
 email: auxiliary@smhosp.on.ca



## PERSONAL INFORMATION

|                 |  |             |  |
|-----------------|--|-------------|--|
| NAME:           |  | DATE:       |  |
| ADDRESS:        |  | POSTAL CODE |  |
| HOME#           |  | CELL #      |  |
| E MAIL ADDRESS: |  |             |  |

**\*ALL VOLUNTEERS ARE SUBJECT TO A CRIMINAL REFERENCE CHECK, TB TEST & PROOF OF COVID-19 VACCINATION\***

## VOLUNTEER POSITION DESIRED (depending on availability)

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

## EDUCATION

| Level          | Name of Program | Grade/Degree Acquired |
|----------------|-----------------|-----------------------|
| Secondary      |                 |                       |
| Post Secondary |                 |                       |

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

|             |           |         |
|-------------|-----------|---------|
| Employer:   | Position: | Duties: |
| Supervisor: |           |         |
| Telephone:  | Date:     |         |

|             |           |         |
|-------------|-----------|---------|
| Employer:   | Position: | Duties: |
| Supervisor: |           |         |
| Telephone:  | Date:     |         |

|             |           |         |
|-------------|-----------|---------|
| Employer:   | Position: | Duties: |
| Supervisor: |           |         |
| Telephone:  | Date:     |         |

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

## Authorization for References

Please provide two work or volunteer related references - no personal

|              |       |          |       |
|--------------|-------|----------|-------|
| Reference:   | _____ | Phone #: | _____ |
| Organization | _____ |          |       |
| Reference:   | _____ | Phone #: | _____ |
| Organization | _____ |          |       |
| Signature:   | _____ | Date:    | _____ |