



**VOLUNTEER RESOURCES DEPARTMENT
VOLUNTEER APPLICATION FORM**

BC Children's **Sunny Hill** **BC Women's**

Please circle: Mr. Mrs. Miss. Ms.		Date:
Last Name:	First:	
Address:		Telephone:
City:		Cell:
Postal Code:	E-mail:	

<u>AVAILABILITY</u>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings(9-12)							
Afternoons(1-4)							
Evenings (5-8)							

Occupation:	Employer:	Contact/Phone Number:
Emergency Contact:	Relationship:	Phone Number:

Indicate which educational facility you attend: High School (grade) College (Year) University (year)

Immunization Record:

I have been immunized for Measles, Mumps & Rubella

Yes No

I have been immunized for Chicken Pox

Yes No

Check which of the following you have had:

Chicken Pox Mumps Measles Rubella

Languages other than English (spoken): _____ (written) _____

Have you had previous contact with the hospital you are applying for? (please explain):

What type of volunteer assignment interests you the most?

Have you volunteered before? Where? (please explain):

Share with us something about you - (interests, hobbies, etc):

Please supply two references: (Preferably professional or character)

_____	_____	_____
Name	Relationship	Phone No.
_____	_____	_____
Name	Relationship	Phone No.

All Volunteers are encouraged to join the Hospital's Auxiliary. Membership Fee: \$5.00 for adults and \$1.00 for students : payable when you begin your assignment.

As a Volunteer I understand that not everyone who applies is accepted as a volunteer. I will be expected to attend an orientation &/or training prior to beginning my assignment. Volunteers under the age of 18 must obtain Parental/Guardian Consent. References will be checked. All volunteer positions are subject to a probationary period and ongoing evaluation. Volunteers will be required to have a Criminal Record Check prior to acceptance.

Manager, Volunteer Resources

Signature of Applicant

OFFICE USE ONLY	
<i>Interview Date:</i>	<i>Assignment:</i>
<i>Orientation Date:</i>	<i>Criminal Record Check:</i>
<i>Start Date:</i>	<i>Reference Check:</i> <i>Checked by:</i> _____ <i>Rated:</i> _____

Please Return to:
Volunteer Resources Department
1H 43 - 4480 Oak Street
Vancouver, BC V6H 3V4
Phone 604-875-2143 Fax 604-875-3448
e-mail: volunteer@cw.bc.ca