CHILDREN'S & WOMEN'S HEALTH CENTRE OF BRITISH COLUMBIA

VOLUNTEER RESOURCES

APPLICATION FORM

☐ ***B.C.'s Children's Hospital***
☐ ***B.C.'s Women's Hospital***
☐ ***Sunny Hill Health Centre***

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

AVAILABILITY	*Monday*	*Tuesday*	*Wednesday*	*Thursday*	*Friday*	*Saturday*	*Sunday*
Mornings							
Afternoons							
Early Evenings							

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

Indicate which educational facility you attend: Highschool (Grade):_____ College (Year): University (year):

Immunization Record:

I have been immunized for Measles, Mumps and Rubella o Yes o No
I have been immunized for chicken pox o Yes o No
Check which of the following you have had: oMeasles oMumps o Rubella o Chicken pox

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):

_____

_____

(Please turn over)

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

_____

_____

_____

_____

_____

Please supply two references: (Preferably professional or character)

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 and/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.

_____ _____

Director, Volunteer Resources **Signature of Applicant**

OFFICE USE ONLY	
Interview Date:	*Assignment:*
Orientation Date:	*Criminal Record Check:*
Start Date:	*Reference Check:* *Checked by:* *Rated:*

Please Return to:

Volunteer Resources Department
C&W Health Centre of British Columbia
1H43 – 4480 Oak Street
Vancouver, B.C., V6H 3V4
Fax: 875-3448