



INSERVICE VOLUNTEER APPLICATION FORM

Chatham Wallaceburg

Name: _____

Address: _____

Postal Code: _____ Telephone #: (Home) _____ (Bus) _____

E-mail Address: _____

I am applying as: ADULT YOUTH (High School)

• *Why do you want to volunteer at Chatham-Kent Health Alliance?*

• *What education and work experience do you have?*

• *Do you have any other volunteer experience?*

• *How did you hear about our volunteer program:*

- Newspaper Brochure Employee Volunteer School
 Internet Volunteer Fair Other: _____

• *What kind of placement are you interested in:*

- Providing care services directly to patients Providing support services to programs
 Helping in an office Working on group projects
 Other: _____ No preference

• **What days/ times would be preferred:**

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Mornings Afternoons Evenings

• **Please list two (2) non-family references we may contact:**

1. Name: _____ Phone #: _____

How do you know this person: _____

2. Name: _____ Phone #: _____

How do you know this person: _____

I hereby certify that all information included in this application form is true and complete.

I give consent to the Volunteer Resources Department of Chatham-Kent Health Alliance to contact the above-mentioned references in connection with my application for volunteer work.

Applicant Signature

Date

If under 18 years of age, we require parental/ guardian consent for application.

I understand that my child named in this application wishes to be considered for volunteer work and I hereby give my permission for them to serve in that capacity, if accepted by the Chatham-Kent Health Alliance. I understand that they will be provided with orientation and training necessary for the safe and responsible performance of their duties and that they will be expected to meet all the requirement of heir position, including regular attendance and adherence to Alliance polices and procedures. I understand they will not receive monetary compensation for their services contributed.

Parent/ Guardian Name: _____

Relationship: _____

Signature

Date

