



# The North Hastings District

## Hospital Auxiliary

### Volunteer Application Form



Supporting the  
Heartbeat of  
the Community!

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ E-Mail \_\_\_\_\_

Reason for applying to volunteer \_\_\_\_\_

Career/training experience \_\_\_\_\_

Volunteer experience/hobbies/skills \_\_\_\_\_

Areas of Interest: Corner Café \_\_\_ New To You Shop \_\_\_ Information Desk \_\_\_ other \_\_\_

Days Available to work: Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun \_\_\_

Would you consider an Executive position of the Auxiliary in the future? \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

References: 1. \_\_\_\_\_ Phone \_\_\_\_\_

(no relatives) 2. \_\_\_\_\_ Phone \_\_\_\_\_

Additional Info/Comments \_\_\_\_\_

I hereby apply to be a volunteer with the North Hastings District Hospital Auxiliary and have provided, to the best of my knowledge, true and complete information on this application. I have provided the names of two people who are not close relatives and information provided in these references will be kept confidential. I understand that I will be asked to sign a Pledge of Confidentiality and to obtain a Police Check, complete an infectious disease screening process (if volunteering at the Information Desk in the hospital) and attend an Orientation Session before beginning any volunteer assignment.

- I give permission for my photo to be used in auxiliary memorabilia or auxiliary advertising.
- I give permission for my phone and address to be given to other auxiliary members.

Signature \_\_\_\_\_ Date \_\_\_\_\_