

VOLUNTEER APPLICATION FORM

<u>PERSONAL INFORMATION</u>		
<u>Required Information</u>		
Applicant Name: _____		
Address: _____	Street: _____ City: _____ Postal Code: _____	
Telephone: _____	Home: _____ Other: _____	
Email: _____		
How did you find out about our Volunteer Program?		
Referral <input type="checkbox"/> Event <input type="checkbox"/> Website <input type="checkbox"/> School <input type="checkbox"/> Facebook <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/>		
Are you currently an inpatient at the North Bay Regional Health Centre? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Note: To ensure that quality patient care remains a priority at the North Bay Regional Health Centre, applications will not be accepted from inpatients. An exception can be made for regional mental health inpatients who apply through Vocational Services.		
<u>OPTIONAL INFORMATION</u>		
Date of Birth: _____	Language(s): _____	
Month / Day / Year		
Gender: _____	Health Restrictions / Limitations: _____	
<u>CONTACT FOR ILLNESS OR EMERGENCY</u>		
Name: _____	Relationship: _____ Telephone: _____	
Family Physician: _____	Telephone: _____	
<u>ADDITIONAL INFORMATION</u>		
Education: (FOR TEENS ONLY)		
_____	_____	_____
Grade	Name of School	Name of Homeroom Teacher
Education: (FOR ADULTS)		
High School Diploma <input type="checkbox"/>	Field of Study:	_____
College Diploma <input type="checkbox"/>	Field of Study:	_____
Undergraduate Degree <input type="checkbox"/>	Field of Study:	_____
Post-Graduate Degree <input type="checkbox"/>	Field of Study:	_____
Professional Designation <input type="checkbox"/>	Field of Study:	_____
Certification <input type="checkbox"/>	Field of Study:	_____

ADDITIONAL INFORMATION (CONTINUED)

Professional / Work Experience:

Special Interests, Skills and Hobbies:

Community / Volunteer Experience:

VOLUNTEER OPPORTUNITIES

Please select the type of volunteer opportunity that may be of interest to you:

General / Public

Acute Medical

Mental Health

PLEASE NOTE

1. All applicants are required to submit **two** completed **Reference Questionnaires** with their application form (see attached questionnaires).
2. Only those applicants selected for an interview will be contacted.
3. All successful applicants will be required to complete the following steps before volunteer commencement:
 - Criminal Reference Verification
 - Immunization Requirements

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Immunization Requirements - In our effort to protect patients, health care workers and other volunteers, it is mandatory that immunization records are up-to-date. For more information about immunizations please visit the following website: <http://www.health.gov.on.ca/english/public/pub/immun/immunization.html>

I confirm that the information provided in this application is accurate, and I authorize investigation of all statements made in this application.

Signature of Applicant

Date

**Thank you for pursuing a volunteer opportunity at the
North Bay Regional Health Centre!**

Telephone:
705.474.8600 ext. 3131

Volunteer Engagement Department
North Bay Regional Health Centre
PO Box 2500, North Bay, Ontario, P1B 5A4

Email:
volengdept@nbrhc.on.ca

VOLUNTEER ENGAGEMENT DEPARTMENT

Reference Questionnaire #1 – Personal Reference

Your name has been submitted as a reference for a potential volunteer at the North Bay Regional Health Centre. Any comments you may care to add will be greatly appreciated and held in strictest confidence. Would you kindly complete the following questionnaire and return it to us at your earliest convenience. Thank you!

Name of Reference: _____

Reference Telephone Number: _____ Reference Email Address: _____

Name of Applicant: _____ Relationship with Applicant: _____

How long have you known the applicant? _____

Does the applicant have a positive and professional demeanour? _____

Do you consider the applicant to be reliable and punctual? _____

Does the applicant demonstrate responsibility and accountability? _____

Does the applicant follow tasks through to completion? _____

What type of supervision would the applicant work best within: minimal supervision _____ considerable supervision _____

The applicant would work best: alone _____ in a group _____

Please comment on the applicant's skills, abilities and qualities: _____

Would you recommend this applicant to the North Bay Regional Health Centre? Yes _____ No _____

Other Comments: _____

Reference Signature: _____ Date Completed: _____

RETURN REFERENCE TO

Volunteer Engagement Department
 North Bay Regional Health Centre
 PO Box 2500, North Bay, Ontario, P1B 5A4

Email: volengdept@nbrhc.on.ca
Phone: 705.474.8600 ext. 3131

VOLUNTEER ENGAGEMENT DEPARTMENT

Reference Questionnaire #2 – Professional Reference (employment or volunteer)

Your name has been submitted as a reference for a potential volunteer at the North Bay Regional Health Centre. Any comments you may care to add will be greatly appreciated and held in strictest confidence. Would you kindly complete the following questionnaire and return it to us at your earliest convenience. Thank you!

Name of Reference: _____

Reference Telephone Number: _____ Reference Email Address: _____

Name of Applicant: _____ Relationship with Applicant: _____

How long have you known the applicant? _____

Does the applicant have a positive and professional demeanour? _____

Do you consider the applicant to be reliable and punctual? _____

Does the applicant demonstrate responsibility and accountability? _____

Does the applicant follow tasks through to completion? _____

What type of supervision would the applicant work best within: minimal supervision _____ considerable supervision _____

The applicant would work best: alone _____ in a group _____

Please comment on the applicant's skills, abilities and qualities: _____

Would you recommend this applicant to the North Bay Regional Health Centre? Yes _____ No _____

Other Comments: _____

Reference Signature: _____ Date Completed: _____

RETURN REFERENCE TO

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