



Tel: 416-226-6780
 Fax: 416-226-6265
 285 Cummer Avenue
 Toronto, ON M2M 2G1
 www.stjohnsrehab.com

Volunteer Works: _____
 Date: _____ Initials: _____

Interview: _____
 Reference Check: _____
 Immunization: _____
 Orientation: _____
 Name Badge: _____
 Placement: _____
 Start Date: _____
 End Date: _____
 Reason: _____

Volunteer Application Form

**Which are you applying for?
 Please check the appropriate box**

Auxiliary Volunteer

General Information: *Please print neatly & clearly in pen*

Name: Last _____ First _____

How would you like us to address you? _____

Address: _____ Apt/Unit # _____

City _____ Postal Code: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

E-mail Address: _____

Do you meet the minimum age requirement of 14 years old? Yes No

Emergency Contact Information

Name: _____ Relationship: _____

Home Phone: (____) _____ - _____ Work: (____) _____ - _____ Cell: (____) _____ - _____

Do you have a history with St. John's Rehab?

Previously applied to volunteer? _____	Former Volunteer? _____	Employee: Former _____ Current _____	Patient: Former _____ Current _____	No _____
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How did you hear about St. John's Rehab Hospital?

Please indicate your availability below

Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Time							

LANGUAGE(S)	SPOKEN	READ	WRITE
1.			
2.			
3.			



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EDUCATION HISTORY

Highest level completed, name of institution, extra courses, workshops, etc.

EMPLOYMENT HISTORY

Present Title & Employer _____

Former Title & Employer _____

VOLUNTEER EXPERIENCE

Describe previous volunteer role(s)

WHY DO YOU WANT TO VOLUNTEER WITH ST. JOHN'S REHAB?

SPECIAL TRAINING/SKILLS OR INTERESTS

Please check all that apply:

- Accounting Secretarial Retail Computer Leadership Public Speaking
 Fundraising Music Sewing Knitting Crafts

What volunteer positions are you interested in? _____

PROFESSIONAL REFERENCES

Reference #1

Name: _____

Relationship to applicant: _____

Phone Number: _____

Reference #2

Name: _____

Relationship to applicant: _____

Phone Number: _____

Have you been convicted of a criminal offence for which a pardon has not been granted? YES NO

Do you require accommodation to perform volunteer duties/tasks? YES NO

I acknowledge that all the information on this application is true and I give permission for St. John's Rehab Hospital to verify the information on this application:

Signature of Applicant	Date
Signature of Parent/Guardian (if applicant is under 18)	Date



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Volunteer Agreement

Volunteers WILL AGREE TO:

- Perform their volunteer duties to the best of their ability.
- To adhere to all hospital policies and procedures, including confidentiality of hospital and client information.
- Meet the agreed upon commitment of 50 hours of volunteer service.
- Notify the Student Volunteer Coordinator and Direct Supervisor of my absence and give two weeks notice of resignation of volunteer position.
- Abide by and work to promote the mission, vision and core values of the hospital.
- Wear their volunteer uniform and identification badge while on duty
- A release of image
- A release of personal information

Volunteers MUST NOT:

- Give any medical and/or physical care
- Assist a patient with transfers from a bed, wheelchair, stretcher, with bedpans or to use washroom facilities
- Dispense medication
- No handling of bodily substances, (i.e. vomit, blood, urine, feces)
- Conduct any decontamination, disinfection and/or sterilization of medical instruments and equipment
- Offer council or advice to patients and their family members or staff
- Express personal, religious or political beliefs (i.e. general conversation and/or light debate is allowed ONLY if it is welcomed by the patient- DO NOT recruit, offer unsolicited opinion or argue)
- Give financial assistance to patients, nor accept money or ask for money from a patient, family member, staff or volunteer
- Accept gifts or ask for gifts from a patient, family member, staff or volunteer
- Bring friends or relatives along while volunteering, unless with the Volunteer Coordinator's permission.
- Report for duty if under the influence of alcohol and/or illegal substances, nor partake of same while volunteering
- Perform any unauthorized services for patients (e.g. patient's personal banking, personal shopping, manicures, etc.)
- Solicit donations from corporations on behalf of St. John's Rehab Hospital, nor mention an affiliation with the hospital to the press or other public groups; unless written approval is obtained from the Strategic Communications Department

I, _____, have read and understood the policies of the Department of Volunteer Resources of the St. John's Rehab Hospital. I understand that my failure to adhere to these policies and procedures may result in dismissal from the volunteer program.

Signature of Volunteer

Date

Signature of Parent/Guardian (if under 18 years)

Date