Northumberland Hills Hospital Auxiliary
Volunteer Application

Date: _____

Name: _____
(First Name) (Surname)

Address: _____

Telephone: Home: _____ Business: _____

E-mail: _____

Person to contact in case of illness/injury: _____

Relationship: _____ **Tel# Residence:** _____ **Business:** _____

All new volunteers are required to contribute their time and talents to at least ONE of the Auxiliary services and/or fundraising events in addition to paying their annual membership fee.

Availability: Week Days ❒ Weekends ❒ Evenings ❒ Flexible ❒

Approximate number of hours you could give per week:
_____

Please indicate your preferred areas of assignment. An effort is made to accommodate your requests wherever possible. You may volunteer in more than one area and transfers from one area to another are possible with proper notification and providing space is available.

Dialysis	❒	Day Surgery	❒
Inpatient Rehab & Restorative Care	❒	Palliative Care	❒
Emergency Dept	❒	Help Desk	❒
Hospital Elder Care Program (HELP)	❒	Chemotherapy	❒
Inquiry Desk	❒	HELPP Lottery	❒
Little Treasure Shop	❒	Petticoat Lane Shop	❒
Medical/Surgical/Maternal Child Care	❒	Diagnostic Imaging	❒
Cardiology	❒	Fundraising	❒
Human Resources	❒	ICU	❒
Recreational Therapy	❒		

Please indicate the time frames you would generally **not** be available to volunteer.

_____

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Area Assigned: _____

Date: _____

Revised October, 2011

Please indicate any special skills or training. For example: computer, management, accounting, retail.

_____

_____

Do you have previous volunteer experience? What / Where?

_____

_____

Requirements:

- Police check
- Health Review Form (Immunization data)
- Auxiliary membership renewable annually / January 31
- Confidentiality Agreement
- Purchase of tabard/crests
- Photo ID

What to do next: Once you have completed the appropriate sections on both sides of this form, **please return it to:**

Director of Volunteers
Northumberland Hills Hospital Auxiliary
1000 DePalma Drive
Cobourg, ON K9A 5W6

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Membership completed & paid ❒

Police check completed ❒

Health Review Form received ❒

Confidentiality Statement filed ❒

Photo ID completed ❒

Tabard/Crests paid ❒

Follow-up Call ❒

Date: _____