

**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 | <input type="checkbox"/> | Day Surgery | <input type="checkbox"/> |
| Complex Care/Inpatient Rehab | <input type="checkbox"/> | Palliative Care | <input type="checkbox"/> |
| Emergency Dept | <input type="checkbox"/> | Help Desk | <input type="checkbox"/> |
| Lab Office | <input type="checkbox"/> | Chemotherapy | <input type="checkbox"/> |
| Inquiry Desk | <input type="checkbox"/> | HELPP Lottery | <input type="checkbox"/> |
| Little Treasure Shop | <input type="checkbox"/> | Petticoat Lane Shop | <input type="checkbox"/> |
| Medical/Surgical Units | <input type="checkbox"/> | Diagnostic Imaging | <input type="checkbox"/> |
| Cardiology | <input type="checkbox"/> | | |

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

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Area Assigned: _____

Date: _____

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 | <input type="checkbox"/> |
| Police check completed | <input type="checkbox"/> |
| Health Review Form received | <input type="checkbox"/> |
| Confidentiality Statement filed | <input type="checkbox"/> |
| Photo ID completed | <input type="checkbox"/> |
| Tabard/Crests paid | <input type="checkbox"/> |
| Follow-up Call | <input type="checkbox"/> |

Date: _____