RUNNYMEDE HEALTHCARE CENTRE

**FOR OFFICE USE**
*Date received:*

# Volunteer Application

| | | | |
|---|---|---|---|
| **First Name:** | | **Last Name:** | |
| **Address:** | | | |
| **Province:** | | **Postal Code:** | |
| **Home Phone:** | | **Cell Phone:** | |
| **Email Address:** | | | |
| **Languages:** (other than English) | | | |

**In case of emergency, please call:**

| | | | |
|---|---|---|---|
| **Name:** | | **Cell Phone:** | |
| **Relationship:** | | **Home Phone:** | |

## BACKGROUND

***Disclaimer:*** You must be at least 15 years of age or older in order to be considered for a volunteer opportunity with our organization (Exception: Intergenerational Program). If under the age of 18 years of age, you will need parental/guardian consent.

**Are you legally entitled to work in Canada? Are you between the ages of 15 to 18 years old?** ◯ **Yes** ◯ **No**

**Are you a student?** ◯ **Yes** ◯ **No**

**Employer:** _____ **Occupation:** _____

**Volunteer Experience:**

1.
2.
3.

**Do you have any health restrictions we should be aware of?** _____

**How did you learn about Runnymede Healthcare Centre?** _____

**Are you volunteering to fulfill a requirement?** **How many hours do you require?** _____

- ◯ **40 hours high school requirement**
- ◯ **Registered Co-op Program**
- ◯ **Community Service**
- ◯ **N/A**
- ◯ **Other: _____**

**AVAILABILITY: What is your preferred availability? (Indicate as many that apply)**

| Day of the Week: | Morning | | Afternoon | | Evening | |
|---|---|---|---|---|---|---|
| | From: | To: | From: | To: | From: | To: |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |
| Sunday | | | | | | |

**Please read the following carefully. By signing this application, you acknowledge and accept the following:**

I hereby certify and attest that the information provided on this application form is both true and accurate. I authorize and provide consent to Runnymede Healthcare Centre to verify and validate the information provided herein this application form. I understand that any information provided herein this application form will become part of my personnel file record and kept in compliance with our Management of Safe Record keeping policy. Management reserves the right to review all applicants under consideration and may ask for additional supplemental information to be supplied in consideration of this volunteer application for the purposes of determining acceptance into the program.

***Disclaimer:*** It is the policy of this organization to screen all prospective staff and volunteers. Management reserves the right to refuse applicants who do not meet our requirements and/or placement criteria. Runnymede Healthcare Centre values inclusivity and diversity in the workplace. We are committed to volunteer equity and providing accessible volunteer practices that are in compliance with the Accessibility for Ontarians with Disabilities Act (AODA). Any information obtained during the course of recruitment will be used for employment purposes only and not for any other purpose.

Signature: _____ Date: _____

**PARENTAL/LEGAL GUARDIAN CONSENT (if under 18 years of age)**

Parent Signature: _____ Date: _____

## FOR OFFICE USE ONLY

| | | | |
|---|---|---|---|
| Interviewed: | | Immunization Submitted: | |
| Orientation: | | Start Date: | |
| Placement: | | Resigned: | |
| Comments: | | | |