

## APPLICATION FOR VOLUNTEERS

Stevenson Memorial Hospital  
200 Fletcher Crescent  
Alliston, Ontario L9R 1W7

Telephone (705) 435-3377 ext 1281

Email: auxiliary@smhop.on.ca



### PERSONAL INFORMATION

Name:

Date:

Home Address:

City, Province, Postal Code:

Home Phone:

Business Phone:

Email:

Have you ever been convicted of a criminal offence for which you have not been pardoned?

Yes

No

**\* All volunteers are subject to a criminal reference check\***

### VOLUNTEER POSITION DESIRED

1<sup>st</sup> Choice Area of Interest:

Availability:

2<sup>nd</sup> Choice Area of Interest

Date Available:

### EDUCATION

Level

Name of Program

GRADE/DEGREE AQUIRED

Secondary

Post Secondary

### Physical Limitations

YES

Lifting

Standing

NO

Walking

Other:

### PROFESSIONAL/VOLUNTEER EXPERIENCE: LIST PRESENT OR MOST RECENT EMPLOYER 1ST

Employer:

Position:

Duties:

Supervisor:

Telephone:

Date:

Employer:

Position:

Duties:

Supervisor:

Telephone:

Date:

Employer:

Position:

Duties:

Supervisor:

Telephone:

Date:

**\*\*Volunteers are required to join the Stevenson Memorial Hospital Auxiliary**

**Authorization for References**  
Please provide to two work or volunteer related references – no personal

**Reference:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Reference:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**References Completed:**

**Criminal Reference Completed:**

**Interview Date:**

**Placement:**

**Start Date:**

**Orientation Date:**

**Uniform Issued:**

**Occupation Health**

**Emergency Contact:**

**Telephone:**