

VOLUNTEER RESOURCES – APPLICATION FORM

PLEASE PRINT

DATE OF APPLICATION: _____

NAME: _____, _____, _____
Last First Initial

ADDRESS: _____

POSTAL CODE: _____ PHONE #: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____
(optional but will be required on starting for insurance purposes)

EMERGENCY CONTACT: _____ PHONE #: _____

Skills and Interests

- 1 Education background: _____
- 2 Current occupation/previous occupation: _____
- 3 Hobbies, skills, interests: _____
- 4 Previous volunteer experience: _____

Preferences in Volunteering

- 1 Is there a particular type of volunteer work in which you are interested? (please check all that apply)
- | | |
|---|---|
| <input type="checkbox"/> Working one-on-one with a single client | <input type="checkbox"/> No preference |
| <input type="checkbox"/> Working directly with a staff person as an assistant | <input type="checkbox"/> Providing service to several clients |
| <input type="checkbox"/> Helping around the office in general administrative duties | <input type="checkbox"/> Doing public speaking, fundraising etc |
| <input type="checkbox"/> Doing research, training or an individual project | <input type="checkbox"/> Working occasionally on group projects |
| <input type="checkbox"/> Community Health Board | <input type="checkbox"/> Hospital Auxiliary |
| <input type="checkbox"/> Other: _____ | |

2 Is there a person or group with whom you are particularly interested in working? (please check all that apply)

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> No preference | <input type="checkbox"/> Adults | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Teens | <input type="checkbox"/> Children | <input type="checkbox"/> People with Disabilities |
| <input type="checkbox"/> Palliative/end of life | <input type="checkbox"/> Agency staff | <input type="checkbox"/> Males |
| <input type="checkbox"/> Females | | |
| <input type="checkbox"/> Other: _____ | | |

3 Are there any groups with which you would not feel comfortable working?

- No Yes: _____

4 Would you be willing to help as a language interpreter for patients who speak another language? If so, please state language/s _____

Availability

1 At what times are you interested in volunteering?

- | | | |
|--|--|--|
| <input type="checkbox"/> Am flexible | <input type="checkbox"/> Prefer weekdays | <input type="checkbox"/> Prefer evenings |
| <input type="checkbox"/> Prefer weekends | <input type="checkbox"/> Prefer days | <input type="checkbox"/> Other: _____ |

2 Do you have a geographic preference as to where you do volunteer work?

- Eastern Kings Memorial Health Centre, Wolfville
- Valley Regional Hospital, Kentville
- Chipman, Kentville
- Western Kings Memorial Health Centre, Berwick
- Soldiers' Memorial Hospital, Middleton
- Annapolis Community Health Centre, Annapolis Royal

3 Do you have access to an automobile you can use for volunteer work?

- Yes No

4 Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work?

- Yes No

References

Please list two non-family references whom we might contact:

a _____ Email: _____

b _____ Email: _____

How did you hear about us?

- Saw job description Saw advertisement AVH website
- Referred by friend/volunteer From school
- Other: _____

As a volunteer I understand that not everyone who applies is accepted as a volunteer. A six month consecutive commitment is required. You must be 19 years of age or older. References will be checked. All volunteer positions are subject to a probationary period and ongoing evaluation. All volunteers will be required to have a Criminal Record Check prior to acceptance and have the Vaccine Administration Record completed by their Healthcare practitioner. This process takes approximately one month.

SIGNATURE OF APPLICANT

Please return to:

Jennifer Moore

Volunteer Resources Consultant - Western Zone
(office) 902.365.1701 Ext. 3444
jenniferl.moore@nshealth.ca

Nova Scotia Health Authority

5 Chipman Drive
Kentville, NS B4N 3V7
www.nshealth.ca

FOR OFFICE USE ONLY:

Interview Date _____

Assignment _____

Criminal Record Check _____ Reference Checks _____

Approved ()

Consultant - Volunteer Resources _____

Date _____