



Volunteer Application

Thank you for your interest in becoming a volunteer with Deep River and District Health.
Please complete the information below and return your application to the Volunteer
Program Coordinator, Amber Cox, in-person or by email: amber.cox@drdh.org.

Personal Information							
First Name:				Last Name:			
Home Telephone #:			Cell Phone #:			Other Telephone #:	
Email:					Preferred Method of Communication:		
					<input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Both		
Address:					Apt. #/Suite #:		PO Box#:
City:			Province:			Postal Code:	
Primary Language(s) Spoken:							
Availability - Please check (✓) the boxes to indicate the days and times that you would be available or please feel free to indicate specific times within the boxes below:							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
Volunteer Experience							
Have you or do you currently volunteer with any other organization(s)?							
<input type="checkbox"/> YES, please include this information below <input type="checkbox"/> NO							
Name of Organization(s):							
Volunteer Duties:							
Work Experience / Education							
Are you presently employed?		<input type="checkbox"/> YES (<input type="checkbox"/> Part-time <input type="checkbox"/> Full Time)					<input type="checkbox"/> NO
Current/past work experience:							

Are you presently a student?	<input type="checkbox"/> YES, Name of School: _____	<input type="checkbox"/> NO
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Do you require volunteer hours for school? If yes indicated the number.	<input type="checkbox"/> YES: _____	<input type="checkbox"/> NO
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Tell us about your interests or skills:

<input type="checkbox"/> Gardening	<input type="checkbox"/> Event Planning/Assistance
<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Reading
<input type="checkbox"/> Administrative	<input type="checkbox"/> Games/Cards
<input type="checkbox"/> Music - Playing an Instrument	<input type="checkbox"/> Bowling
<input type="checkbox"/> Music - Singing	<input type="checkbox"/> Visiting
<input type="checkbox"/> Outdoors	<input type="checkbox"/> Other: _____

Please check (✓) which role(s) you are interested in volunteering for:

- Friendly Visitor (one-on-one visits with Resident/Patient; chatting, walks)
- Programs Assistant (assist with or lead programs, i.e. Bingo, Reading, Writing, Arts & Crafts, etc.)
- Mealtime Assistant (assist Residents/Patients with feeding)
- Outing Escort (porter/guide Residents to activities)
- Palliative Volunteering or Visiting
- Nutrition Cart Assistant (help distribute snacks and drinks)
- Music/Entertainer (play instruments, sing)
- Pet Therapy (visit Residents/Patients with pets – additional paperwork is required)
- Pastoral Program (visit Residents/Patients, provide spiritual support, read and sing hymns)
- Other, please specify: _____

*** If you are interested in volunteering at the Gift Shop or Whistle Stop, please let us know to provide with you a separate volunteer application and information for these services provided by our Auxiliary.*

References

1. Name: _____ Role/Relationship: _____

Email address (preferred): _____ Telephone #: _____

2. Name: _____ Role/Relationship: _____

Email address (preferred): _____ Telephone #: _____

By signing the Volunteer Application form, I hereby authorize the Organization to obtain information from the references included above.

Additional Information

Emergency Contact Name:

Relationship:

Contact #:

Allergies:

Do you carry an Epi Pen?

Yes No

Are you willing to provide a police record check with vulnerable screening?

Yes No

* All volunteers are subject to a police record check with a vulnerable sector screening, which can be obtained at the local police detachment at no costs. *(Letter to be provided upon returned application.)*

All volunteers are required to submit a copy of their immunization record to ensure necessary vaccinations are up to date according to the organizations policy which also includes documentation of a TB Skin Tests and COVID-19 vaccination (2-doses). *(Letter to be provided upon return of application.)*

I will provide proof of immunizations including COVID-19 and a TB skin test as required.

Are you willing to get an annual flu shot? Yes No

Are you in good health and able to perform the duties required of a Volunteer? Yes No

Do you require any accommodations to make your volunteer experience with our organization better for you?

No Yes, please specify: _____

Do you require assistance in the event of an emergency?

No Yes – *If yes, a time will be setup with the organization’s Occupational Health Nurse to create an Individual Emergency Response Plan.*

Full Name of Volunteer Applicant: _____

I hereby verify that the above information is deemed to be true and accurate to the best of my knowledge. I also understand that falsification, misrepresentation, omission and/or misleading statements will result in immediate termination of my volunteer placement with the Deep River and District Hospital, Four Seasons Lodge and/or the North Renfrew Family Health Team.

Applicant Signature

Date

Witness Signature

Date