



# Hôpital général de Nipissing Ouest The West Nipissing General Hospital

725 ch. Coursol Rd., Sturgeon Falls, ONTARIO P2B 2Y6  
TEL: (705) 753 - 3110 • FAX: (705) 753 - 0210

## Volunteer Application Form

### Personal Information

#### **Required Information**

Applicant Name: \_\_\_\_\_

Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Language(s) spoken and understood: French \_\_\_\_\_ English \_\_\_\_\_ Other \_\_\_\_\_

### Contact for Illness or Emergency

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Additional Information

Do you have computer skills? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have other skills which could be put to use as a hospital volunteer?

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What are your expectations of this volunteer experience?

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### Volunteer Opportunities

Please select the type(s) of volunteer opportunity that interests you:

\_\_\_ Activity Aid (please specify)

Music\_\_\_ Bingo, cards etc. \_\_\_ Accompaniment for outings\_\_\_ socials/teas, films

\_\_\_ Patient/resident visitor

\_\_\_ Pastoral care

\_\_\_ Minister of communion

\_\_\_ Administrative support

\_\_\_ Emergency greeter during hospital closures

**Availability:** (please specify the number of hours as well as time of day and days of the week)

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**Signature of applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of parent/guardian if you are under 16 years of age**

I, the undersigned, authorize my son/daughter to act in a volunteer capacity for the West Nipissing General Hospital.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Selected applicants must :

Must be a minimum of 14 years of age

Provide a criminal reference check of no more than six months old

A proof of up-to-date immunization

Attend an orientation session

**Thank you for pursuing a Volunteer Opportunity at the  
West Nipissing General Hospital!**