

## ***Sunnybrook Volunteers...Valued Involved Passionate***

Thank you for your interest in becoming a Volunteer at Sunnybrook Health Sciences Centre, St. John's Rehab program located at 285 Cummer Avenue.

Volunteers are valued members of the St. John's Rehab team. Becoming a Volunteer requires a significant commitment of time and resources from you and from the hospital. Therefore, we suggest that applicants carefully consider their ability to commit to our minimum requirement of 50 hours of volunteer service.

**If you are prepared to make this commitment, you are required to:**

- 1. Complete and submit the attached application form and two reference forms**
- 2. Attend an interview**
- 3. Attend a hospital orientation**

Please be aware that not all volunteer applicants are accepted into the program, and there may be a waiting period to become a volunteer. Only applicants selected for an interview will be contacted. Applications will be kept on file for six months.

The flow chart on the following page will help to answer frequently asked questions about the application, orientation, and training process for volunteer service.

If you have any questions, please contact (416) 226-6780, ext. 7013 or [volunteerstjohnsrehab@sunnybrook.ca](mailto:volunteerstjohnsrehab@sunnybrook.ca)

We look forward to reviewing your application.

## **Volunteer Enrolment**

### **Flow Chart**

Submit a completed application form, along with two reference forms.



If a suitable role is available, the Coordinator of Volunteer Resources will schedule and conduct an interview.



If your skills match the vacancy, you will be requested to attend an orientation session.



Upon completion of the orientation you will be offered a suitable volunteer placement.



Complete and submit the Medical Form and Volunteer Declaration Form

Receive your uniform, name badge, and parking pass.

(There is no charge for your uniform and name badge. Additional uniforms, if requested by the volunteer, are \$20 each.  
The replacement fee for a lost name badge or parking pass is \$25.)



Training will be provided within the assigned department.



Once trained, a regularly scheduled shift will be assigned.



Evaluation, support and supervision will be provided on an ongoing basis.

NEW Volunteer Applicant      Returning Volunteer Applicant      Date of last activity: mm/dd/yyyy

**Personal & Contact Information**

First Name:      Last Name:      Male      Female

Apt. #:      Address:

City:      Province:      Postal Code:

Phone Numbers: H (      ) -      M (      ) -      W (      ) -

Email Address:

Have you ever been convicted of a criminal offence for which a pardon has not been granted?    Y    N

If Yes, please specify:

**Emergency Contact Information**

First & Last Name:      Relationship to you (optional):

Phone Numbers: H (      ) -      M (      ) -      W (      ) -

**Work Experience**

Name of Organization	Position/Duties	From (mm/yy) - To (mm/yy)

**Volunteer Experience**

Name of Organization	Position/Duties	From (mm/yy) - To (mm/yy)

**Education**

Highest Level of Education:      Completed      In Progress

Name of Institution (optional):

Area(s) of Study (if applicable):

**Availability ✓**

<u>Shift</u>	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

**Months Available ✓**

January	February	March	April	May	June
July	August	September	October	November	December

**Areas of Interest**

Why did you decide to volunteer?

Why St. John's Rehab?

Please indicate your preferred volunteer role.  
 Hospitality & Retail (e.g. Gift Shop, Lottery Desk, Coffee Cart)  
 Patient Support (e.g. Assisting Clinicians, Book Cart, Library)

Specific roles/activities that interest you (if applicable):

Please list any skills and/or hobbies:

How did you hear about our program?      Website                      Family/Friend                      Other

Do you have any affiliation with St. John's Rehab (e.g. former or current staff/patient/family)?    Y            N

If Yes, please specify:

**Please read *carefully* before signing and dating the following:**

The Hospital reserves the right to accept or not accept volunteer applicants. Volunteers are placed according to their interests, skills, suitability, and the needs of the Hospital. The Hospital reserves the right to release a volunteer from his/her volunteer position if, in the opinion of the Hospital, continuance of the volunteer role could cause detriment to the Hospital. I understand that false or incomplete information on this application form may disqualify me from volunteering, or result in my dismissal.

<b>Applicant Signature:</b>	<b>Date:</b> mm/dd/yyyy
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**Parental Consent—Under 18**

I certify that I meet the minimum age requirement for eligibility of 14 years old. Y      N

**Parent/Guardian signature is required for all applicants under the age of 18.**

I give consent for my child \_\_\_\_\_ to volunteer at Sunnybrook Health Sciences Centre. I understand that my son/daughter must fulfill all program requirements and commit for the entire duration of the program in order to receive any documentation. I confirm that the information provided on this application is accurate to the best of my knowledge.

**Print Parent/Guardian Name:**

<b>Parent/Guardian Signature:</b>	<b>Date:</b> mm/dd/yyyy
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Please return completed application package to:  
**Volunteer Resources, St. John's Rehab**  
**285 Cummer Avenue, Room S242, Toronto, Ontario M2M 2G1 Phone:**  
**416-226-6780 ext. 7013 Email: [volunteerstjohnsrehab@sunnybrook.ca](mailto:volunteerstjohnsrehab@sunnybrook.ca)**

*Sunnybrook is committed to providing accessible employment practices that comply with the Accessibility for Ontarians with Disabilities Act (AODA). If you require accommodation for disability during any stage of the volunteer recruitment process, please let us know when you are invited for an interview.*

The personal information you provide to us on this form is required for you to become a volunteer at Sunnybrook Health Sciences Centre and will be used to communicate with you for volunteer activities. It will be kept confidential. If accepted as a volunteer, your personal information will be shared with the Sunnybrook Volunteer Association, of which all active volunteers are members. If you have questions please contact Sunnybrook's Privacy Office at [privacy@sunnybrook.ca](mailto:privacy@sunnybrook.ca) or (416) 480-6100 ext. 1236. All inquiries will be kept confidential.