

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 Sunnybrook?							
Please indicate the area(s) in which would like to volunteer.							
Main Hospital		Veterans Centre					
Odette Cancer Centre		Holland Orthopedic & Arthritic Centre (Yonge & Wellesley)					
Please indicate your preferred volunteer role.							
Hospitality & Retail (<i>e.g. Information Desk, Wheelchair Service, Gift Shop</i>)							
Patient or Family Support (<i>e.g. Patient Visiting, Mobility, Clinics, Recreation Therapy</i>)							
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 Sunnybrook (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.

Applicant Signature:

Date: mm/dd/yyyy

Parental Consent—Under 18

I certify that I meet the minimum age requirement of 16 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 commitment requirements to receive confirmation of volunteer activity.

Print Parent/Guardian Name:

Parent/Guardian Signature:

Date: mm/dd/yyyy

Please return completed application package to:
Volunteer Resources, Sunnybrook Health Sciences Centre
2075 Bayview Avenue, Room E103, Toronto, Ontario M4N 3M5
Phone: 416-480-4129 Fax: 416-480-4248 Email: volunteer@sunnybrook.ca

Sunnybrook is committed to providing accessible employment practices that comply with the Accessibility for Ontarians with Disabilities Act (AODA). Please notify us, if you require accommodation for disability during any stage of the volunteer intake process.

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 or (416) 480-6100 ext. 1236. All inquiries will be kept confidential.