

Please indicate site/s where you wish to volunteer: University Hospital Victoria Hospital

How did you hear about volunteering with LHSC? I am a current LHSC employee I am a Retired LHSC employee

Poster Presentation Social Media Word of Mouth Other _____

Last Name:		First Name:		Preferred Name:	
Telephone (preferred contact #):			Email:		
Permanent/Home Address:				City:	Postal Code:
Alternate/School-year Address:				City:	Postal Code:

Local Emergency Contact		
Name:	Relationship:	Telephone:

AVAILABILITY <i>Indicate your availability on the following chart:</i>							
TIME	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (8-12)							
Afternoon (12-4)							
Evening (4-8)							

I will commit to: < 6 months 6 - 12 months 1+ years Note: away in winter away in summer

Check areas of interest	AREAS OF INTEREST <i>(Please note: Selecting an area of interest does not guarantee placement in that area.)</i>
<input type="checkbox"/>	AUXILIARY <input type="checkbox"/> Garden Shoppe <input type="checkbox"/> Gift Shops <i>(VH only)</i>
<input type="checkbox"/>	CANCER PROGRAM <i>(VH only)</i> – assisting patients, helping with patient flow
<input type="checkbox"/>	CHILDREN'S HOSPITAL <i>(VH only)</i> – engaging children in different activities i.e. games, crafts
<input type="checkbox"/>	CLINICS – helping with the patient flow of an outpatient clinic
<input type="checkbox"/>	INFORMATION/GUIDE ROLE – assist visitors with general inquiries and directions
<input type="checkbox"/>	PATIENT MENU COLLECTION <i>(UH only)</i>
<input type="checkbox"/>	PEER SUPPORT <input type="checkbox"/> Cancer Program <input type="checkbox"/> Other - Please indicate _____
<input type="checkbox"/>	MUSIC PROGRAM – please indicate instrument _____
<input type="checkbox"/>	PATIENT VISITING
<input type="checkbox"/>	WAITING ROOMS – liaise with family and staff, help with the patient/visitor flow
<input type="checkbox"/>	I have been referred by a community partner for a role. Role _____ Referred by: _____

What insights, knowledge, skills and attributes do you feel you would bring to LHSC?

EMPLOYMENT/EDUCATION STATUS *Check all that apply*
 Post-Secondary Student
 Employed
 Retired
 Seeking Employment

If Employed:	If Student:
Employer:	School: Program: Year:
Position:	Career Interests:

PREVIOUS WORK EXPERIENCE:

Position	Employer	Start Date	End Date

PREVIOUS VOLUNTEER EXPERIENCE:

Position	Organization	Start Date	End Date

REFERENCES

Volunteer Services will contact the 2 references listed below and ask them to complete the LHSC Volunteer Reference Form. Please be sure to include all requested information. References will not be accepted from the applicant. Family members and friends are not recommended references.

Name:	Relationship:	Email Address:
Name:	Relationship:	Email Address:

I understand and agree that London Health Sciences Centre will contact my references to complete the reference form. I authorize my references to release all information as requested.

Applicant's Signature: *Date (YYYY/MM/DD):*

Have you been convicted of an offence in respect of which a pardon has not been granted under the criminal records Act and has not been revoked? Yes No (Ontario Human Rights Code)

If accepted as a volunteer, I agree to a regular time commitment, COVID-19 vaccination, 2-step TB skin test and review of immunizations, ID badge, confidentiality agreement, orientation/education program and Criminal Record and Judicial Matters Check as a condition of placement.

Applicant's Signature: *Date (YYYY/MM/DD):*

Please submit your application - By email or mail to London Health Sciences Centre (LHSC):

Email: Volunteer_Services@lhsc.on.ca

Mail: University Hospital, Volunteer Services, Room A1-503, 339 Windermere Rd, P.O. Box 5339, London, ON N6A 5A5
Victoria Hospital, Volunteer Services, Room D3-406, 800 Commissioners Rd E, P.O. Box 5010, London, ON N6A 5W9