

****Must be 16 years of age or older to volunteer at London Health Sciences Centre.**
TO BE CONSIDERED, APPLICATIONS AND REFERENCES MUST BE RECEIVED BY MAY 15, 2023.**

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

How did you hear about volunteering with LHSC?

Poster Presentation Social Media Word of Mouth Other _____

PLEASE PRINT

Last Name:		First Name:		Common name:	
Telephone (preferred contact #):			Email:		
Permanent/Home Address:			City:		Postal Code:
Local Emergency Contact					
Name:		Relationship:		Telephone:	

AVAILABILITY - Indicate your availability on the following chart with an 'X':

There are limited summer vacancies therefore consideration of your application will depend highly on your availability.

TIME	Monday	Tuesday	Wednesday	Thursday	Friday	<input type="checkbox"/> Could be available for weekend shifts
Morning (8-12)						
Afternoon (12-4)						

For placement consideration, please indicate your commitment

Must be available for one shift per week (3 to 4 hours) and for a minimum of 7 weeks of the summer.

I can begin volunteering on this date: _____ I am available until this date: _____

Will you be attending summer school? No Yes -Summer School dates and times: _____

POSSIBLE PLACEMENT AREAS

Please note: Selecting an area of interest does not guarantee placement in that area.

MARK AREAS OF INTEREST WITH AN 'X'

CLINICS - Helping with the patient flow of an outpatient clinic	
PATIENT MENU COLLECTION (University Hospital only)- Collection of patient menus	
INFORMATION/GUIDE ROLE- Assisting visitors with general inquiries and directions throughout LHSC	
MUSIC- Playing musical instrument to patients in a common area. *An audition is part of the interview process and at this time, we can only accommodate instruments that can be played while wearing a mask* *Please indicate instrument: _____	
WAITING ROOMS - Keeping communication lines open between patients/staff, help with the patient/visitor flow	

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

EDUCATION/EXPERIENCE			
Current Grade:	School:	Skills/Hobbies/Awards (Scholastic/Extra-Curricular):	
Previous Work Experience:			
Position	Employer	Start Date	End Date
Previous Volunteer Experience:			
Position	Organization	Start Date	End Date
REFERENCES			
<p>It is your responsibility as the applicant to send the <i>LHSC Volunteer Reference Form</i> to the 2 references listed below. It is the reference's responsibility to send the completed reference form to our office directly. <u>References will not be accepted from the applicant.</u> Family members and friends are not recommended references.</p>			
Name:	Relationship:	Email:	
Name:	Relationship:	Email:	
<p>I understand and agree that London Health Sciences Centre may contact my references to verify information they provide on the reference form. I authorize my references to release all information as requested.</p>			
Applicant's Signature:		Date (YYYY/MM/DD):	
<p>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 (18+ years)/Offense Declaration (under 18 years) as a condition of placement.</p>			
Applicant's Signature:		Date (YYYY/MM/DD):	

Please submit your completed application by email or mail to London Health Sciences Centre (LHSC)

Email: Volunteer_Services@lhsc.on.ca

Mail:

University Hospital, Volunteer Services, Rm A1-503, 339 Windermere Rd, P.O. Box 5339, London, ON N6A 5A5

Victoria Hospital, Volunteer Services, Rm D3-406, 800 Commissioners Rd E, P.O. Box 5010, London, ON N6A 5W9

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