

****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 MARCH 1, 2024.**

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:		Preferred 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
Morning (8-12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (12-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Will summer school impact your ability to volunteer weekly for the required commitment of 7 weeks?

If yes, summer school dates and times: _____

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>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. <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 will contact my references to complete the Volunteer Reference Form. I authorize my references to release all information as requested.</p> <p>Applicant's Signature: _____ Date (YYYY/MM/DD): _____</p>			
<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> <p>Applicant's Signature: _____ Date (YYYY/MM/DD): _____</p>			

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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