

**\*\*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, 2025.**

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:	
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**SUMMER AVAILABILITY - Indicate your availability on the following chart with an 'X':**  
Must be available for one shift per week (3-4 hours) and for a minimum of seven weeks between June 30, 2025 to August 29, 2025.  
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**

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><b>Volunteer Services will contact your 2 references directly by email and ask them to complete the Volunteer Reference Form. Please be sure to include all requested information. <u>References will not be accepted from the applicant.</u></b> References can be Managers or Supervisors from a work or volunteer environment. If you don't have previous work experience, references from teachers and instructors are acceptable. You can also provide references from people outside of Canada if you have experience internationally.</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](mailto: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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