

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:	Common 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>
AUXILIARY* <input type="checkbox"/> Garden Shoppe <input type="checkbox"/> Gift Shops <input type="checkbox"/> Nevada Ticket Sales <i>* \$5.00 annual membership fee is required</i>	CANCER PROGRAM (VH only) – assisting patients, helping with patient flow
CHILDREN'S PROGRAM (VH only) – engaging children in different activities i.e. games, crafts	CLERICAL OFFICE ASSISTANCE – filing, collating, telephone
CLINICS – helping with the patient flow of an outpatient clinic	EMERGENCY DEPARTMENT – providing comfort measures and information for patients/families
INFORMATION/GUIDE ROLE – assist visitors with general inquiries and directions	MENU PICK-UP (UH only)
MUSIC PROGRAM – please indicate instrument _____	PATIENT VISITING
WAITING ROOMS – liaise with family and staff, help with the patient/visitor flow	

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

EMPLOYMENT/EDUCATION STATUS <i>Check all that apply</i>			
<input type="checkbox"/> Post-Secondary Student	<input type="checkbox"/> Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Seeking Employment
If Employed:		If Student:	
Employer:		School:	
Position:		Program:	Year:
		Career Interests:	
PREVIOUS WORK EXPERIENCE:			
Position	Employer	Start Date	End Date
PREVIOUS VOLUNTEER EXPERIENCE:			
Position	Organization	Start Date	End Date
REFERENCES			
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.			
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
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.			
<i>Applicant's Signature:</i>		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?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No (Ontario Human Rights Code)	
If accepted as a volunteer, I agree to a regular time commitment, 2-step TB skin test and review of immunizations, ID badge, confidentiality agreement, orientation/education program and Police Information Check as a condition of placement.			
<i>Applicant's Signature:</i>		Date (YYYY/MM/DD):	

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

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