

**\*\*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, 2021.**

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 <i>Indicate your availability on the following chart:</i>   |        |               |           |          |              |  |
| <i>(Note: There are limited summer vacancies therefore consideration of your application will depend highly on your availability.)</i>   |        |               |           |          |              |  |
| TIME   | Monday | Tuesday       | Wednesday | Thursday | Friday       | <input type="checkbox"/> Could be available for weekend shifts |
| Morning (8-12)   |        |               |           |          |              |  |
| Afternoon (12-4)   |        |               |           |          |              |  |
| <b>For placement consideration, please indicate your commitment</b> <i>(applicants must be available 7 out of the 9 weeks):</i>  |        |               |           |          |              |  |
| I can begin volunteering on this date: _____ I am available until this date: _____   |        |               |           |          |              |  |
| Will you be attending summer school? <input type="checkbox"/> No <input type="checkbox"/> Yes    Summer School Dates and times: _____  |        |               |           |          |              |  |
| AREAS OF INTEREST  |        |               |           |          |              | CHECK AREAS OF INTEREST  |
| <i>(Please note: Selecting an area of interest does not guarantee placement in that area.)</i>   |        |               |           |          |              |  |
| CLINICS - Helping with the patient flow of an outpatient clinic  |        |               |           |          |              |  |
| CHILDREN'S PROGRAM- Engaging children in different activities (games, crafts)- <b>VH only</b><br><i>**Only candidates who are 18 years or more <b>and</b> have had a Police Information Check in the past 3 months will be considered for the Children's Program**</i> |        |               |           |          |              |  |
| DIETARY/MENU PICK-UP- Collection of patient menus- <b>UH only</b>  |        |               |           |          |              |  |
| INFORMATION/GUIDE ROLE- Assisting visitors with general inquiries and directions throughout LHSC   |        |               |           |          |              |  |
| OFFICE ASSISTANCE - Clerical support for a patient care area; filing, collating etc.   |        |               |           |          |              |  |
| MUSIC- Playing musical instrument to patients in a common area.<br><b>*Please indicate instrument:</b> _____<br><i>**An audition will be part of the interview process**</i>   |        |               |           |          |              |  |
| 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><b>It is your responsibility as the applicant to send the LHSC Volunteer Reference Form to the 2 references listed below. It is the reference's responsibility to send the completed reference form to our office directly. References will not be accepted from the applicant.</b> 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> <p><i>Applicant's Signature:</i> _____ <i>Date (YYYY/MM/DD):</i> _____</p>  |               |   |          |
| <p>If accepted as a volunteer, I agree to a regular time commitment, 2-step TB skin test &amp; review of immunizations, ID badge, confidentiality agreement, orientation/education program and Police Information Check / Offense Declaration as a condition of placement.</p> <p><i>Applicant's Signature:</i> _____ <i>Date (YYYY/MM/DD):</i> _____</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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