

NOTE:

VOLUNTEER APPLICATION FORM

Last name:		First name :			
Street Address:			Apt:		
City:	Province:	Postal Code:	D.O.B:		
Tel. (Cell):		Tel. (Other):			
E-mail address:					
Are you a student? <input type="checkbox"/> High School <input type="checkbox"/> CEGEP/College <input type="checkbox"/> University <input type="checkbox"/> Other		Name of School: Program:			
Do you have a degree or professional license? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify:					
Are you currently employed? <input type="checkbox"/> No <input type="checkbox"/> Yes Employer: <div style="text-align: center;">Position:</div>					
Do you have any medical conditions that may prevent you from fulfilling your duties as a volunteer? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:					
Languages English: French: _____: _____: _____:	Spoken <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Written <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Beginner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Intermediate <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fluent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
List any previous and/or current volunteer activities. _____ _____					
How did you hear about the volunteer program at _____?					
<input type="checkbox"/> From a volunteer <input type="checkbox"/> Newspaper <input type="checkbox"/> Volunteer Bureau of Montreal <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Internet <input type="checkbox"/> Other (please specify): <input type="checkbox"/> School <input type="checkbox"/> Volunteer Fair _____					

Do you know someone who works or volunteers at _____? ☐ No ☐ Yes

Name and Position: _____

What is your main reason for wanting to volunteer? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Desire to help others | <input type="checkbox"/> Academic requirement (# hours?): |
| <input type="checkbox"/> Gain experience & develop skills | <input type="checkbox"/> Meet people & network |
| <input type="checkbox"/> Interest in community involvement | <input type="checkbox"/> Build resume |
| <input type="checkbox"/> Other (please specify): | |

Indicate the type of volunteer work that interests you. (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Recreation Activities | <input type="checkbox"/> Playing Music | <input type="checkbox"/> Projects (Nursing, Risk Management, etc.) |
| <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Dining Experience Program (DEP) | <input type="checkbox"/> Clinics (Dentist, Physio, OT, etc.) |
| <input type="checkbox"/> Pet Visiting | <input type="checkbox"/> Clerical/Office/Administration | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Music Activities | <input type="checkbox"/> Fundraising Activities | <input type="checkbox"/> Other: _____ |

Availability (Specify hours if needed)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

- ☐ Available for punctual special events ☐ Other (please specify): _____

In seeking this assignment, I understand that if accepted as a volunteer, I agree to:

- Report on the day and time agreed upon
- Record my hours in the Volunteer Office
- Fulfill my assignment to the best of my ability and according to expectations
- Make a minimum commitment of 3 months or 24 hours
- Be accountable for my duties to staff in the area where I will be working, my placement supervisor, and to the Coordinator of Volunteer Services
- Respect the confidential nature of all related documents, files, and any other information I may learn in the course of my involvement at the CIUSSS COMTL facilities
- Consent to volunteer during the pandemic under COVID19 conditions: During the pandemic of COVID-19, I, _____, certify have understood and agree to volunteer given the risks of volunteering with patients & health care employees and will respect the instructions & conditions imposed by public health authorities.
- Confirmation of training consent: I attest that I have followed and understood the CIUSSS training videos, policies and procedures and will follow any additional training to meet the standards required by the CIUSSS COMTL.

Signature of volunteer applicant: _____ Date: _____

Emergency Contact

Name: _____ Relation: _____

Phone number(s): _____