



# Volunteer Services Application form

Department of Volunteer Services, Jewish General Hospital  
3755 Côte Ste-Catherine, Montréal, QC, H3T 1E2

E-mail: benevolat.ccomtl@ssss.gouv.qc.ca

Telephone: 514-340-8222 # 25984/ 25983

Location: B-151 (Pavilion B, Côte-St-Catherine entrance)

## Important Notes

1. Please send a single request by email or mail to the address listed above;
2. All applicants will be subject to a criminal record check and all references will be duly verified;
3. Any candidate selected after the analysis of his/her file will have to undergo an interview before a decision is made;
4. All accepted applicants will be required to attend an orientation / training session.

## INFORMATION

Family name	Given name	
Maiden name	Date of birth (YYYY/MM/DD)	
Address		
City	Province	Postal code
Telephone	Cell phone	
Email		
Languages <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other, specify:		
Are you a student? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, specify:		

## REFERENCES (PLEASE INDICATE TWO REFERENCES OTHER THAN A MEMBER OF YOUR FAMILY)

<b>1</b> Family name and Given name	<b>2</b> Family name and Given name
Telephone or Cell phone	Telephone or Cell phone
Email	Email
Relationship	Relationship

## PERSON TO CONTACT IN CASE OF EMERGENCY

Family name	Given name
Telephone (day)	Telephone (evening) or cell
Relationship	

## TELL US ABOUT YOURSELF

Work Experiences | Educational Background:

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Volunteer Experiences – Please provide details:

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What type of function do you want to accomplish? (Please note that many of our roles have been temporarily suspended due to COVID-19)

- ☐ COVID-19 Vaccination Clinic    ☐ Administrative    ☐ Phone calls    ☐ Ambassadors (welcome, information)    ☐ Auxiliary    ☐ Child Psychiatry
- ☐ Accompaniment    ☐ Clinics    ☐ Emergency    ☐ Hospital Elder Life Program    ☐ Hope & Cope (Support cancer patients)    ☐ Labs
- ☐ Library    ☐ Mental Health    ☐ N.I.C.U    ☐ Patient Advisors    ☐ Patient Care &    ☐ Pet Therapy
- ☐ Test Centre    ☐ Other, Please specify: \_\_\_\_\_

Specific skills/interests (music, computers, arts & crafts, knitting): \_\_\_\_\_

Do you have any restrictions that might affect you in your volunteer work? If yes, please specify: \_\_\_\_\_

### AVAILABILITY:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Amount of time available to volunteer per week (hours & number of days / week): \_\_\_\_\_

Are you available for a minimum of 2 months? ☐ Yes ☐ No If not, for how many weeks: \_\_\_\_\_

Is your time flexible (would you be free as a shift back-up on short notice)? ☐ Yes ☐ No

Available to start as of (YYYY/MM/DD): \_\_\_\_\_

Are you vaccinated for COVID-19? Yes ☐ No ☐ If yes, how many doses did you receive? \_\_\_\_\_

## Agreements to policies and procedures of the CIUSSS West-Central Montreal:

### Confidentiality agreement:

I agree to 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 West-Central Montreal.

### Consent to volunteer during the pandemic under COVID-19 conditions:

When volunteering at the healthcare institutions of the CIUSSS West-Central Montreal, there's an increased risk that you, employees, residents, patients and other users will contract COVID-19. In addition, the people most at risk of developing complications after contracting COVID-19 are those aged 65 and over.

Based on the above, I certify that I understand the inherent risk, comply with conditions and instructions imposed by the CIUSSS West-Central Montreal and public health authorities regarding infection prevention and control. I will also monitor my symptoms, practice proper hand hygiene and wear required personal protective equipment at all times.

### Confirmation of training:

I attest that I have followed and understood the training videos, policies and procedures and will follow any additional training to meet the standards required by the CIUSSS West-Central Montreal.

I, undersigned, agree to comply with and respect all of the above conditions. I understand that failing to comply with the given conditions and instructions by the CIUSSS West-Central Montreal may result in the termination of my volunteer involvement.

\_\_\_\_\_

Full name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



3755, chemin de la Côte-Sainte-Catherine Road  
Montréal (Québec) H3T 1E2  
T. 514-340-8222  
[ciuss-centreouestmtl.gouv.qc.ca](http://ciuss-centreouestmtl.gouv.qc.ca)

**Thank you for your interest! We will contact you shortly.**