



## Volunteer Checklist

**Thank you for your interest in becoming one of our many valued volunteers!**

**In order to become a volunteer with us we ask that you complete a checklist for your own convenience:**

- Complete the application form providing 2 references. No family members please.
- Complete a Criminal Reference Check: You may complete a Criminal Reference Check Form with the vulnerable sector portion completed. Our Coordinator of Volunteer Services can provide you with a blank police form or you can visit your local police detachment.
- Complete the Health Worker Review form, attached to this application and ensure you have had a 2 step TB test completed. You are not required as a volunteer to get all recommended vaccinations on the general form. Simply the 2 step TB signed by a Registered Nurse or your Family Physician.



## Volunteer Services Application

Miss/Mrs./Mr./Ms. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date Applied: \_\_\_\_\_

Address:

Street Name: \_\_\_\_\_ Street Number: \_\_\_\_\_ Apt/Unit Number: \_\_\_\_\_

City/town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Birth Date: \_\_/\_\_/\_\_

Current Occupation: \_\_\_\_\_  Retired  Student

*\*Student Volunteer Commitment: Due to the time and effort it take to screen and train student volunteers, we encourage you to do more than you 40 hours of service required. 60 hour minimum is recommended. Thank you.*

*\*Check one if applicable:*  Summer Student only  All year Student Assistance

Sex:  Male  Female  Other

Home Phone Number: \_\_\_\_\_ Email (H): \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Email (W): \_\_\_\_\_

Best time to call?  A.M  P.M Cell Phone Number: \_\_\_\_\_

Languages: written \_\_\_\_\_ spoken \_\_\_\_\_

Previous Volunteer work performed (give name of agency) \_\_\_\_\_

Reason for Volunteering \_\_\_\_\_

How did you hear about our Volunteer Service ? \_\_\_\_\_

Why have you chosen to volunteer with us at Campbellford Hospital?

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# CAMPBELLFORD MEMORIAL HOSPITAL

What skills or experience might you be able to offer? (Check all that apply):

- Musical Talents (Guitar, singing, piano)
- Art (Painting, drawing, crafts, photography, scrapbooking)
- Knitting/ Sewing/ Quilting
- Clerical Work (Filing, Mail Delivery,)
- People Skills (Communication, appointment reminder calls)
- Working with seniors with cognition issues or developmental delays

Other (please specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Availability :

Monday  Tuesday  Wednesday  Thursday  Friday  Weekends

All Day  Morning  Afternoon  Evening

Please Mail/Email Return:

Katelyn Stevenson (Coordinator, Volunteer Services)

146 Oliver Road

Campbellford, ON. K0L – 1L0

705-653-1140 Ext. 2212

kstevenson@cmh.ca



# CAMPBELLFORD MEMORIAL HOSPITAL

## CAMPBELLFORD MEMORIAL HOSPITAL VOLUNTEER SERVICES DEPARTMENT

### Reference Form

VOLUNTEER APPLICANT

I, \_\_\_\_\_ authorize \_\_\_\_\_ to  
(Print Applicants Name) (Print Name of Referee)

release to the Campbellford Memorial Hospital Volunteer Services Department the information requested below. \_\_\_\_\_

(Signature of Volunteer Applicant) (Date)

**REFEREE:** The individual named above has applied to do volunteer work at the Campbellford Memorial Hospital. As a volunteer this individual would have contact with patients whom are vulnerable, recovering from illness and have special needs. Volunteers assist staff, patients and their families in a variety of ways. Activities might include visiting, assisting with meals, offering support, working in positions of trust and confidentiality, volunteers also are required to work co-operatively with other staff and volunteers.

### PLEASE COMMENT ON THE FOLLOWING CONSIDERING THE ABOVE:

How long have you known the applicant? \_\_\_\_\_

In what capacity do you know this individual? \_\_\_\_\_

In your opinion, would this individual be a good candidate to pursue volunteer duties at the Campbellford Memorial Hospital? Why?

(Please give 2 – 3 strengths) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Interpersonal Skills:

\_\_\_\_\_

Reliability:

\_\_\_\_\_

Ability to work independently:

\_\_\_\_\_

Could we put this individual in a position of trust?

\_\_\_\_\_

### Referees Name (Please Print)

\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your cooperation. All information provided is confidential.**



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MEMORIAL HOSPITAL