

VOLUNTEER APPLICATION FORM

****Please indicate your site preference by entering numbers 1 thru 5****

- _____ Finch Family Mental Health Care Building (550 Wellington Road)
 _____ Parkwood Institute, Main Building (550 Wellington Road)
 _____ St. Joseph's Hospital (268 Grosvenor Street)
 _____ Mount Hope Centre for Long Term Care (21 Grosvenor Street)
 _____ Southwest Centre for Forensic Mental Health Care (401 Sunset Drive, St. Thomas)

Mailing Address:
PO Box 5777 Stn. B
London, ON N6A 4V2

VolunteerSJHC@sjhc.london.on.ca

Application must be completed in full, and the health review and online learning modules must be completed in order to be successful.

PLEASE PRINT

Last Name _____ First Name _____ Common Name _____

Address _____

City _____ Province _____ Postal Code _____ Telephone _____

Email _____

Emergency Contact Name _____ Relationship _____ Telephone _____

Retired Student School/College/University _____ Period Attended _____

Current Program/Diplomas/Degrees _____

Have you ever been convicted of a criminal offence for which you have not been pardoned?

(A criminal record does not automatically indicate ineligibility to volunteer. Each case will be examined individually)

Yes No If yes, please specify _____

REFERENCES (Not Family Members)

1. Name _____ 2. Name _____

Email _____ Email _____

REQUIREMENT TO VOLUNTEER:

A 2-step TB test & proof of immunity to measles, mumps, varicella and rubella and proof of COVID-19 vaccination.

If a volunteer is unable to acquire immunizations in the community and/or proof of immunity is unavailable, additional testing may be done on-site at St. Joseph's with our nursing staff (with the exception of the COVID-19 vaccination).

If you have applied to become a volunteer and are unable to proceed with the requirements noted above, please contact Volunteer Services at volunteerSJHC@sjhc.london.on.ca to withdraw your application.

Do you have a minimum of 2 doses of the COVID vaccine? OR 1 dose of XBB? Yes No

SKILLS

Are you a member of any organized group, club? Yes No Name _____

Languages (other than English): Spoken _____ Read _____

PREFERRED TIMES AVAILABLE & EXPERIENCE

It is preferred that Volunteers make a minimum commitment to the program.

I will commit to: <6 months 6 months 1 + years I am away for the Summer

Do you have other volunteer experience? Yes No

Specifics: _____

Please Indicate which day and time you are available

PREFERRED VOLUNTEER AREA (your preference)

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Positions Available at ALL sites

Clerical Other

Sales

Information Desk

Visiting

Recreation

Please list other areas of interest, or if you know placement area please specify below:

AUTHORIZATION AND RELEASE

I understand that the information I have provided in the application to volunteer may be verified by St. Joseph's Health Care London. I hereby grant permission to St. Joseph's Health Care London to contact any persons and references who might be able to verify the information. I grant Volunteer Services permission to use the information as required for my role as a Volunteer.

Volgistics Agreement: Volunteer Services uses a web-based software and secure database from the United States to manage volunteer information. In their privacy statement, Volgistics states that access to the information is restricted by St. Joseph's Health Care London and is not made available to/accessible by any other parties. The technical specifications for the software and security protection systems supplied by Volgistics have been reviewed by St. Joseph's Information Technology experts and meet industry standards. Although safeguards are in place to protect personal information, as it is held by a third party outside of Canada, St. Joseph's cannot guarantee information is secure. Information stored is limited to contact information, placement and volunteer hours accumulated.

I agree that St. Joseph's Health Care London Volunteer Services can store my personal information on Volgistics (Software) System: Yes _____ Initial _____

I do not want some or all of my personal information stored on Volgistics (Software) System: (list)

I understand that a Criminal Record Check may be required for some volunteer positions.

Signature: _____ Date: _____

Please ensure application is signed