

# Volunteer Application Form

## Kingston Health Sciences Centre



Check preferred site:  Hotel Dieu Hospital (HDH)  Kingston General Hospital (KGH)  Either site  
*If you currently volunteer at HDH or KGH, contact Volunteer Services as we already have your application on file*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address \_\_\_\_\_  
City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_  
Primary Phone Number \_\_\_\_\_  home  cell  work  other  
Alternate Phone Number \_\_\_\_\_  home  cell  work  other  
Email address (print clearly) \_\_\_\_\_  
Include an email address that you check regularly and add volunteer@kingstonhsc.ca as a "safe sender" to your email account so our emails don't go to your junk mail folder or spam filter.

Are you currently, or have you ever been an employee or volunteer at Hotel Dieu Hospital or Kingston General Hospital?

- No  
 Yes, I currently work at KHSC  I am a former HDH or KGH employee  I am a former HDH or KGH volunteer

**Are you a student?**  Yes  No (if not, skip this section)  
Status:  High School  Post-Secondary|Graduate  Other \_\_\_\_\_  
Current Grade|Year|Level|Program \_\_\_\_\_  
Your expected length of stay in Kingston:  Sept-Apr  May-Aug  Year-round  Other \_\_\_\_\_  
If under 18, please indicate your age \_\_\_\_\_

**Who/What encouraged you to apply?** (check all that apply)

- Sought out on my own  A family member, friend or co-worker  Staff from my school  
 A story in print, radio or tv media  A story in social media  KGH or HDH closed-circuit tv  
 A KGH or HDH staff member  A KGH or HDH volunteer

**Why Us? Tell us what inspired you to apply to volunteer at HDH or KGH?**

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

**Tell us how you would like to contribute your time** by ranking your preferences from these three categories, with "1" being your top preference. You will be invited to attend an Information Session where you will learn more about the specific volunteer roles in these categories.

- \_\_\_\_ serving customers in a gift shop, cafe, coffee shop, refreshment cart or lottery booth  
\_\_\_\_ providing patients|visitors with information and directions  
\_\_\_\_ spending time with patients in clinics and inpatient settings

Summarize the employment, volunteer and life experiences you've had that could benefit our patients and families.

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List any hobbies, interests or special skills and talents you would like to share. \_\_\_\_\_

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Is there anything else you feel we should know when considering your application to volunteer? \_\_\_\_\_

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**List two people you have asked to complete the KHSC Reference Form**

① Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

② Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

**Please read and check  before signing:**

- I certify that I am 16 years of age or older and that the information in this application is correct to the best of my knowledge and I understand that any misrepresentation or omission may result in my dismissal if I am accepted as a volunteer.
- I understand that my 2 references need to submit their completed forms directly to Volunteer Services, or through me in a signed, sealed envelope.
- I hereby authorize and release from all liability my references, to provide Volunteer Services, with reference information concerning me, including but not limited to achievement, performance, attendance, employment/ educational history, disciplinary information and reason for separation of employment and/or education.
- I understand that not everyone who applies is accepted as a volunteer.
- I understand that, upon acceptance into a volunteer position, KHSC requires that I submit the results of a criminal reference check with the vulnerable sector search (18+ years old). More details are provided at the interview.
- I understand that prior to confirmation of a program and shift, volunteers must submit the results of a negative 2-step Tuberculosis (TB) test and provide proof of immunization. You will be provided with a form that your primary health care provider is required to complete.
- I agree to make a regular commitment to KHSC for a minimum of 6 months and/or a minimum of 60 hours service.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal information contained on this form is collected pursuant to the Public Hospitals Act and the Freedom of Information and Protection of Privacy Act (FIPPA), and will be used for the purpose of volunteer selection and placement at KHSC. We will not share this information otherwise without permission from the applicant and their guardian.

Currently we use a vendor in the United States to store our applicant information and to provide statistics to us. Your information is protected in accordance with current privacy laws. If you have questions about your information or our process, please contact the Privacy Officer at 613-549-6666 Ext. 2567 or e-mail to [privacy@kingstonhsc.ca](mailto:privacy@kingstonhsc.ca)

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