



Langley
Memorial
Hospital
Foundation

VOLUNTEER APPLICATION

Personal Information

Mr Ms Mrs Miss Other _____ Preferred First Name:

Last Name: _____

First Name: _____

Address: _____

City: _____

Postal Code: _____

Telephone: Home: (____) _____ Business: (____) _____ Cell: (____) _____

Email address: _____

Age Group: Under 19 19 -25 26-40 41-60 Over 60 Birth date: Month: _____ Day: _____

Interests

Why are you interested in volunteering for us? _____

Please describe the type of volunteer work you are interested in (ie. office work, special events, community based activities etc)

Are you available to volunteer on evenings/weekends? Yes No

Are you available during the day? Yes No

Abilities/Skills

List any hobbies/skills/interests/experiences: _____

Do you speak and/or write languages other than English: No Yes

If YES, please specify: _____

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Office Use Only:

Rec'd Date:

On Hold Date:

Comments / Notes:

History (Volunteer, Employment, Education, Training)

VOLUNTEER: Are you presently a volunteer? No Yes

If yes, where: _____ How long? _____

Describe any previous volunteer experience: _____

EMPLOYMENT: Are you currently employed: Yes No Full Time Part Time Casual

Current Employer: _____

May we contact you at work: Yes No

Previous Employment: (*attach resume if you wish*) _____

References

Please provide two references (not relatives) that have known you for at least 6 months; one personal, and one business or volunteer related: (*Please inform your references they **may** be contacted*)

Name: _____ **Phone:** (____) _____

Personal Relationship to you: _____ **Email:** _____

Name: _____ **Phone:** (____) _____

Business/Volunteer Relationship to you: _____ **Email:** _____

Emergency Information: In case of emergency, contact

Name: _____

Telephone: Home: (____) _____ **Business:** (____) _____ **Cell:** (____) _____

Parent/Legal Guardian Consent: (*applicants under 19 years old*)

I, _____, (*Print Your Name*) grant my child, _____ (*Child's Name*), permission to Volunteer for the Langley Memorial Hospital Foundation.

Signature of Parent/Guardian: _____ **Date:** _____

**** Please read the following carefully before signing this application ****

"I _____ (**Print your name**) confirm that the information in this volunteer application is complete and true. I understand and agree that any omission or misrepresentation with respect to the information given may be cause for refusal of volunteer placement. I understand that a Criminal Record Check may be required for some positions. I authorize Langley Memorial Hospital Foundation to contact the references listed and give permission to these references to release all relevant information requested."

I understand, and give permission for Langley Memorial Hospital Foundation to keep a record of my personal information on site and that it will remain confidential to the Foundation. I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information.

Signature: _____ **Date** _____