



STEVENSON MEMORIAL HOSPITAL
 200 FLETCHER Crescent, PO Box 4000
 Alliston, Ontario L9R 1W7
www.smhosp.on.ca
 Phone (705) 435-6281 ext 1281
 E-mail auxiliary@smhosp.on.ca



VOLUNTEER APPLICATION FORM

Applicants will be contacted for an interview at Stevenson Memorial Hospital

**** All sections must be complete or the application will not be considered. ****

DATE: _____

NAME: _____ PHONE: _____

ADDRESS: _____ POSTAL CODE: _____

E-MAIL: _____

PHONE: _____

ALL VOLUNTEERS ARE SUBJECT TO A POLICE CHECK, TB TEST & PROOF OF MMR & CHICKEN POX VACCINATIONS

Volunteer position desired (depending on availability)

Choice 1: _____

Choice 2: _____

Available Start Date: _____

Your availability: Monday [] Tuesday [] Wednesday [] Thursday [] Friday [] Saturday [] Sunday []

A commitment to volunteering is as important as a commitment to a paid job. Please consider your choice of day and time carefully. People within the hospital will be depending on you to attend.

Education

Level	Name of Institution	Name of Program	Grade Achieved
Secondary			
Post-Secondary			

Professional/Volunteer Experience (Please list your most recent employer first)

Employer:	Position:	Duties:
Supervisor:	Phone:	Date:

Employer:	Position:	Duties:
Supervisor:	Phone:	Date:

Employer:	Position:	Duties:
Supervisor:	Phone:	Date:

Volunteers are required to purchase a membership of the Stevenson Memorial Hospital Auxiliary, purchase a vest, and put a deposit on a parking pass if required

Authorization of References (Please provide two work or volunteer-related references - no personal)

Reference	Organization	Phone