APPLICATION FOR VOLUNTEERS

STEVENSON MEMORIAL HOSPITAL
200 FLETCHER CRES, P.O. BOX 4000
ALLISTON, ONTARIO, L9R 1W7
www.stevensonhospital.ca
Phone (705) 435-6281 ext. 1281
email: auxiliary@smhosp.on.ca

STEVENSON MEMORIAL HOSPITAL AUXILIARY

PERSONAL INFORMATION

NAME:		DATE:	
ADDRESS:		POSTAL CODE	
HOME#		CELL #	
E MAIL ADDRESS:			

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

VOLUNTEER POSITION DESIRED (depending on availability)

1st Choice		Availability:
2nd Choice		Date Available:

EDUCATION

Level	Name of Program	Grade/Degree Aquired
Secondary		
Post Secondary		

PROFESSIONAL/VOLUNTEER EXPERIENCE: LIST PRESENT OR MOST RECENT EMPLOYER 1ST

Employer:	Position:	Duties:
Supervisor:		
Telephone:	Date:	

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Supervisor:		
Telephone:	Date:	

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Supervisor:		
Telephone:	Date:	

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

Authorization for References

Please provide two work or volunteer related references - no personal

Reference: _____ Phone #: _____

Organization _____

Reference: _____ Phone #: _____

Organization _____

Signature: _____ Date: _____

Revised Sept. 2024