

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



PERSONAL INFORMATION

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

ALL VOLUNTEERS ARE SUBJECT TO A CRIMINAL REFERENCE CHECK, TB TEST & PROOF OF COVID-19 VACCINATION

VOLUNTEER POSITION DESIRED (depending on availability)

1st Choice		Availability:	
2nd Choice		Date Available:	

EDUCATION

Level	Name of Program	Grade/Degree Acquired
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 and purchase a vest****

Authorization for References

Please provide two work or volunteer related references - no personal

Reference:	_____	Phone #:	_____
Organization	_____		
Reference:	_____	Phone #:	_____
Organization	_____		
Signature:	_____	Date:	_____