



MISERICORDIA
Health • Centre

VOLUNTEER APPLICATION FORM

Misericordia Health Centre
99 Cornish Avenue, Room 187, Winnipeg, MB R3C 1A2
Phone: (204) 788-8134 Fax: (204) 774-7834
Email: mhcvolunteer@misericordia.mb.ca
Website: www.misericordia.mb.ca

Date _____

PLEASE TELL US ABOUT YOURSELF:

Mr. Ms Mrs. Miss

Last Name: _____ First Name: _____

Middle Name: _____ Preferred Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Email: _____

Phone: Home: _____ Business: _____ Other (cell/fax): _____

I prefer to receive calls at: Home Business Either Best Time: _____

Date of Birth _____ (if 18 or over, optional)

(day / month / year)

PLEASE TELL US ABOUT YOUR EDUCATION:

Formal education is not required to be a volunteer. We welcome experience of all kinds!

	Name of School	Course of Study	Start/End Dates
High School			
Post Secondary-College/University			
Professional Training i.e. nursing/physiotherapist			
Trade or Business			
Other			

Are you receiving credit for your volunteer work? Yes No Required # of hours _____ By When? _____

Are you receiving credit hours at other organizations? Yes No Where? _____

What school/organization do you require the hours for? _____

Instructor/Teacher's name if you require service hours for school credit. _____

Please provide instructor/teacher's email address: _____

PLEASE TELL US ABOUT YOUR EMPLOYMENT HISTORY:

- Employed Unemployed Retired Student Homemaker

Company Name/Employer	Your Job Title	From (M/Y)	To (M/Y)	Reason for Leaving

PLEASE TELL US ABOUT ANY VOLUNTEER WORK YOU HAVE DONE:

Organization	Your Title/Placement	From (M/Y)	To (M/Y)	Reason for Leaving

Have you ever applied to volunteer with Misericordia Health Centre before? Yes No

If yes, when? _____

WHICH AREA ARE YOU INTERESTED IN?

- Resident Care Programs (i.e. Recreation, Spiritual Care, Resident Companions)
 Support Services (i.e. Gift Shop, Clinics, Administrative)

WHAT SKILLS AND EXPERIENCE DO YOU HAVE TO OFFER?

- Experience with the elderly Clerical/Administrative Valid driver's license
 Nursing/ health care Computer skills Retail experience
 CPR Organization skills Food Service
 Communication skills Fundraising Entertainment contacts
 Work well with people Creative ideas Musical Instrument _____
 Physical strength Arts& crafts Languages, spoken/read _____
 Special training Photography Other(specify) _____

WHAT IS/ARE YOUR REASON(S) FOR VOLUNTEERING?

- Academic credit Learn new skills Referred by medical professional
 Practice English skills Relative/friend volunteers Stay active & involved
 Help others/give back Social interaction Explore careers/employment
 Improve health care Other _____

PLEASE CHECK(✓) THE TIME PERIODS YOU ARE AVAILABLE TO VOLUNTEER.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

TIME COMMITMENT

How long a commitment are you prepared to make? 3 months 6 months 1 year +

How many times per week would you like to volunteer? 1 shift 2 shifts 4 or more

Are you interested in volunteering for special projects or events? Yes No

HOW DID YOU FIND OUT ABOUT OUR VOLUNTEER PROGRAM?

- Internet I live in the community From an employee of this organization
- School Volunteer Centre I am employed by this organization
- Church Human Resource Department Referral organization_____
- Newspaper Poster/brochure/flyer I knew about/ noticed department
- Radio/TV I visited a resident Recruitment/ Information booth
- Another volunteer I am a past volunteer Job Fair
- Relative/friend Other_____

HEALTH INFORMATION

Please list any intellectual or physical disabilities and/ or medical information(i.e. medication, back problems) which may affect your ability to perform as a volunteer, or that you wish to be taken into consideration.

WHO WOULD YOU LIKE US TO CONTACT IN CASE OF AN EMERGENCY?

Name _____ Relationship _____ Phone: _____
Home _____ Work _____ Cellular _____

REFERENCES

Please provide three(3) references, **not family members or personal friends**. References may include past or present employers, volunteer coordinators, administrators, teachers, etc. We do accept signed reference letters that are current and on the organization’s letterhead.

Name	Organization	How do you know this person?	Phone Number	
			Work	Home
<i>Example: James Smith</i>	<i>XYZ High School</i>	<i>Guidance counselor</i>	<i>555-5555</i>	<i>999-9999</i>

I hereby authorize any of the above listed references to furnish their record and knowledge of my services. I authorize Misericordia Health Centre permission contact the above named references to establish my suitability as a volunteer and I hereby release them and their company from all liability for any damage whatsoever for issuing same. I further authorize the Volunteer Department to maintain this information in their records ad release and absolve them from all liability that may otherwise accrue by reason of their keeping this information and using it for their purpose.

Disclaimer: *It is the policy of this organization to screen all prospective volunteers. While we try to place every applicant, we reserve the right to select applicants according to our needs and criteria.*

Signature of Applicant: _____ **Date:** _____

<p>PARENT/GUARDIAN AWARENESS FORM(for volunteer under 18 years of age)</p> <p>I, _____, hereby give my permission for _____ to volunteer at Misericordia Health Centre.</p> <p>Signature of Parent/Guardian, _____ Date: _____ Please Note: On occasion, a parent /guardian may be contacted regarding volunteer services related to volunteers under 18 years of age.</p>

As a volunteer your photograph may be taken during volunteer activities. These photographs are used for various purposes such as newsletters, public relations, or newspaper articles. If you consent to your picture being used for these purposes, please read the following statement and sign below.

I hereby give the Misericordia Health Centre the absolute right and permission to copyright and/or publicize, or use photographic portraits or pictures of me, or videotaped images in which I may be included in whole or part for the use of advertising, art, trade, and any other lawful purpose whatsoever.

Signature of Applicant _____ **Date:** _____

Signature of Parent/Guardian, if under 18: _____ **Date:** _____