



PRAIRIE MOUNTAIN HEALTH VOLUNTEER APPLICATION

All Information Is Confidential

Please check one:

Brandon Regional Health Centre Fairview Home Rideau Park PCH

Other Program Facility _____

Identification:

Last name:	First name:
Address:	
City:	Postal Code:
Home Phone:	Other Phone #:
Birth Date (optional):	E-mail Address:

Education:

Highest Level of Education Obtained:
Name of School (if currently attending):

Language: Primary _____ Other _____

Employment History: Employed Unemployed Retired Student Homemaker

Employer	Your Job Title	From	To	Reason For Leaving

Volunteer Experience:

Organization	Your Title	From	To	Reason For Leaving

Availability:

Please specify the time(s) you would like to volunteer in the appropriate box(es):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Time Commitment:

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

Health Information:

Please list any physical, intellectual, mental or health limitations and/or medical problems which you feel may affect your ability to volunteer for certain activities and that you wish to have taken into consideration when determining a volunteer placement:

Security Clearance:

Have you ever been charged with a criminal or other offence for which you have not received a pardon:

Yes No If yes, give particulars of the charge, date and result in each case:

A Pre-Volunteer Criminal Record Check & Child Abuse Registry Check IS REQUIRED.

Emergency Contact:

Whom to call in an emergency:

Name:

Address:

Telephone: (Home) (Work) (Other)

References – Please list two references (character and work) reference excluding family or relatives:

Name	Relationship	Address & Postal Code	Phone Number

I hereby authorize Volunteer Services to contact the above references.

Signature of Applicant

Date *yyyy/mmm/dd*

Consent:

This certifies that I have read and understood the following:

This application was completed by me and that all entries on it and the information on it are true and complete to the best of my knowledge. I hereby give Prairie Mountain Health my consent to verify any information provided during the application process and to ascertain my suitability as a volunteer. I understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by Prairie Mountain Health.

I understand that as a potential volunteer I am expected to fulfill my commitment to a volunteer shift by:

- Performing my duties in my placement to an exceptional level
- Being responsible to stay current, informed and abide by the policies and procedures outlined by the Brandon RHA
- Understanding that if there are any performance issues, Prairie Mountain Health has the right to terminate my placement

Prairie Mountain Health has the right to screen all prospective volunteers. While we try to place every prospective volunteer, management reserves the right to decline applicants who do not meet our requirements and/or volunteer placement criteria. I acknowledge that Prairie Mountain Health is under no obligation to accept me as a volunteer.

Signature of Applicant: _____ Date: _____ *yyyy/mmm/dd*

Applicant's Parent/Guardian:

This certifies that I have reviewed and clearly understand the disclaimer above and also read and understood all the information on the volunteer Information package outlining the expectations of my child becoming a Prairie Mountain Health volunteer.

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

TO BE COMPLETED BY VOLUNTEER SERVICES:

Interview Date: [] Start Date: [] Orientation Date: []

Volunteer Placement: _____

Comments:

Parking Pass Issued: Yes No #: _____

Photo ID: Yes No

CRC: CAR: AAR:

V.I.C. ID: #: _____