



PRAIRIE MOUNTAIN HEALTH VOLUNTEER APPLICATION

(Considered Confidential)

Please check site/program interested in:

Brandon Regional Health Centre Fairview Home Rideau Park PCH

Other Site/Program: _____

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): _____
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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 your 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:

Security clearances will be requested prior to confirmation of registration as PMH volunteer.

Emergency Contact:

Whom to call in an emergency:

Name: _____

Address: _____

Telephone: (Home) _____ (Work) _____ (Other) _____

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

Referral 1:	Referral 2:
Name:	Name:
Relationship:	Relationship:
Email:	Email:
Address:	Address:
Phone Number:	Phone Number:

I hereby authorize Volunteer Services to contact the above references.

Signature of Applicant

Date yyyy/mmm/dd

Consent:

This application was completed by me and all entries and 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 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 processes, policies and procedures outlined by Prairie Mountain Health
- 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.

I have read and agree with the above statements.

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 #: _____ Expiry date: _____ Photo ID: Yes No

Proximity: Yes No

CRC: CAR: AAR: V.I.C. ID: #: _____

We thank all applicants for applying however only those selected for an interview will be contacted.