IWK Health Centre
5850/5980 University Avenue
P.O. Box 9700
Halifax, NS B3K 6R8

Volunteer Application

OFFICE USE ONLY

Interview Date_____ Assignment_____

Criminal Record Check_____/Child Abuse Registry_____/ Reference Checks_____

Date _____/____/_____ _____/_____
Year Month Day Female Male

Name_____
First Last Initial

Phone_____
Home Cell Business

Email_____

Address_____
Apartment, Street Number and Name, RR#

_____
City/Town Province Postal Code

What is your preferred method of communication? _____/_____/_____
Mail Phone Email

Occupation_____/_____/_____/_____/_____
Employed / Retired / Student / School or University / other Specify

Why are you interested in becoming a volunteer at the IWK?

_____

_____

Are you interested in a career in health care? Which field?

_____

_____

AVAILABILITY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

NOTE: Evening and weekend shifts are extremely limited

VOLUNTEER WORK PREFERRED

Patient contact:_____/_____/_____/_____ _____/_____

Women's / Health Teen's / Health Children's / Health Mental Health ESP / Foundation

_____/_____/_____/_____/_____/_____/_____/_____

Clerical / Information Desk / Reading / Gift Shop / Garden / Delivery Service/ Model Trains / Other

REFERENCES - **Please supply two references that have known for at least six months: (Preferably professional or character; no family**)

_____

Name Relationship Phone Number E-mail

_____

Name Relationship Phone Number E-mail

EMERGENCY CONTACT

_____

Name Phone Relationship

As a volunteer I understand that not everyone who applies is accepted as a volunteer. An eight month consecutive commitment is required. You must be 18 years of age or older. References will be checked. All volunteer positions are subject to a probationary period and ongoing evaluation. Volunteers will be processed through the Child Abuse Registry. All Volunteers will be required to have a Criminal Record Check prior to acceptance and have the Vaccine Administration Record completed by their Healthcare practitioner.

This process takes approximately 1 month.

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Signature of Applicant Signature of Volunteer Resources Staff

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