

**APPLICATION FORM to Volunteer at Prince County Hospital**



Prince County Hospital  
P.O. Box 3000  
Summerside, PE  
C1N 6M8  
# 902-438-4359

**Health PEI**

References Checked	_____
Interview Date	_____
Orientation Date	_____
Name tag	_____
Criminal Record Check	_____

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSTAL CODE:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_ **or** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**EMERGENCY contact :** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**LANGUAGES: Spoken** \_\_\_\_\_ **Written** \_\_\_\_\_

**EXPERIENCE (work or volunteer)** \_\_\_\_\_

\_\_\_\_\_

**IF a high school student.....Grade Level** \_\_\_\_\_ **School** \_\_\_\_\_ **Grad Year** \_\_\_\_\_

**SPECIAL SKILLS and TRAINING** \_\_\_\_\_

\_\_\_\_\_

**Hobbies and Interests** \_\_\_\_\_

**What type of volunteering are you interested in? Do you have preferences?** \_\_\_\_\_

**Is there an area of Volunteer work which you are NOT interested in?** \_\_\_\_\_

**How did you hear about our program?** \_\_\_\_\_

**Why do you wish to Volunteer?** \_\_\_\_\_

I hereby allow Volunteer Services to contact the following references to perform a check of my background as appropriate for volunteer involvement. ( Please list 2 non-family).

- |                   |                   |
|-------------------|-------------------|
| 1. Name: _____    | 1. Name: _____    |
| 2. Address: _____ | 2. Address: _____ |
| 3. Phone: _____   | 3. Phone: _____   |

**PARENT'S SIGNATURE:** ( if under 18 years) \_\_\_\_\_

**YOUR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_