

APPLICATION FORM - VOLUNTEER SERVICES

QUEEN ELIZABETH HOSPITAL - CHARLOTTETOWN, P.E.I.

NAME		DATE OF BIRTH (dd/mm/yy)	HOME PHONE NO.
ADDRESS		POSTAL CODE	CELL PHONE NO.
EMAIL ADDRESS			
EMPLOYER	SCHOOL/OCCUPATION		WORK PHONE NO.
PERSON TO CONTACT IN CASE OF EMERGENCY			PHONE NO.
WORK AND VOLUNTEER EXPERIENCE			
YOUR SPECIAL SKILLS, INTERESTS, HOBBIES			
WHY DO YOU WISH TO VOLUNTEER AT THE QUEEN ELIZABETH HOSPITAL			
WHAT KIND OF VOLUNTEER ASSIGNMENT WOULD YOU LIKE			
REFERENCES: TWO PERSONS OTHER THAN FAMILY			PHONE NO.
			PHONE NO.
DO YOU HAVE ANY HEALTH PROBLEMS - RESTRICTIONS THAT MIGHT AFFECT YOU AS A VOLUNTEER AT THE HOSPITAL			

VOLUNTEERS ARE EXPECTED TO PARTICIPATE IN AN ORIENTATION TO THE HOSPITAL, ITS PROGRAMS AND SERVICES

VOLUNTEERS ARE EXPECTED TO RESPECT CONFIDENTIAL INFORMATION AND THE RIGHTS AND DIGNITY OF ALL PATIENTS

DATE: _____

SIGNATURE: _____

LANGUAGES SPOKEN	WRITTEN
VOLUNTEER AVAILABLE	DAYS
	EVENINGS
	WEEKENDS

