Lennox & Addington County General Hospital

8 Richmond Park Drive, Napanee, ON K7R 2Z4
Tel: 613-354-3301 | **Fax:** 613-354-1847
lacgh.napanee.on.ca

VOLUNTEER APPLICATION FORM

Date: _____

Applicant Contact Information

First Name: _____ Last Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Other Phone: _____ Best way to contact you? _____
Email Address: _____
Emergency Contact Name: _____ Contact No.: _____
Relationship to Applicant: _____
2nd Emergency Contact: _____ Contact No.: _____
Relationship to Applicant: _____

**If you need more room to complete the application, please enclose another sheet.*

Tell us about your current/past volunteer experience

Name of Organization: _____
Volunteer Coordinator: _____ Contact No.: _____
Length of Time as a Volunteer: _____
Describe your volunteer responsibilities: _____

Please tell us about any special skills, interests, knowledge or experiences you have that you wish to share with us through Volunteer Services

This is a controlled document. All printed documents should be checked against the online version prior to use.

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When would be a good time to meet with you for an interview?

Day(s) of the Week: _____ Time of Day: _____

References

All volunteer applicants are required to provide two references. Please ensure that both references are completed in full using the **Volunteer Reference Form** and submitted along with your application.

References should be provided by individuals who know you well, such as a teacher, coach, clergy member, neighbour, employer, camp counsellor, or volunteer supervisor. Please note that relatives will not be accepted as references.

Agreement and signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

I understand that if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may result in my immediate dismissal.

I understand there is a six-month volunteer commitment.

I understand that I will need to undergo health screening prior to volunteering, if volunteering on-site in the Hospital.

I understand that I will be presented with Volunteer Duties for my volunteer assignment to know what is expected of me.

I understand all volunteers 18 years and older must have a Police Records Check (within the last six months) & provide 2 references.

Applicant Name (Printed): _____

Applicant Signature: _____

Date: _____

Thank you for completing this application form and for your interest in volunteering. We will be in touch with you soon about the next steps to get started! All information is confidential, for any questions please contact: **Sue Martin** SueMartin@lacgh.napanee.on.ca or by phone 613-354-3301 Ext 4297

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