



Thunder Bay District  
**Health Unit**

## VOLUNTEER APPLICATION FORM

*Please print*

<b>NAME</b> Last _____ Given _____	<b>ADDRESS</b> Street _____ Apt. # _____ City _____ Postal _____ Code _____ E-mail Address: _____
<b>PHONE #</b> Home _____ Business _____ Fax: _____	<b>IN CASE OF EMERGENCY, PLEASE NOTIFY:</b> Name : _____ Home Phone # _____ Business Phone # _____
Are you under 18? Yes _____ No _____ Are you over 65? Yes _____ No _____	
<b>REFERENCES: (one each)</b> Character (Name): _____ Employment (Name): _____ Or Volunteer _____	Phone Number _____ Phone Number _____
I authorize the Thunder Bay District Health Unit to contact the persons or organizations listed above for purposes of obtaining validation of qualifications and volunteer references, including information contained in my personal file(s). These persons are authorized to disclose such information. This is pursuant to the <i>Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990.</i>	
_____ Date	_____ Signature/Parent Signature (if under 18)

To help determine an appropriate placement, please provide below information related to your academic and employment history, as well as any volunteer experience.

<i>Education (Highest grade or level completed, current program)</i>	<i>Employment History: (Types of jobs, duties, etc.)</i>
<i>Volunteer Experience</i>	<i>Extra Courses, Workshops</i>
<i>Skills (Typing, Piano, etc.)</i>	<i>Hobbies (Cards, Crafts, etc.)</i>

Do you speak, read or write another language? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

<b>Time Available</b>	<b>Mon.</b>	<b>Tues.</b>	<b>Wed.</b>	<b>Thurs.</b>	<b>Fri.</b>	<b>Sat.</b>	<b>Sun.</b>
Morning X							
Afternoon X							
Evening X							

Would you be interested in joining the On-Call volunteer list? Yes \_\_\_\_\_ No \_\_\_\_\_

What type of volunteer activity are you most interested in? \_\_\_\_\_

How did you learn about Volunteer Services at the Thunder Bay District Health Unit? \_\_\_\_\_

Why do you want to volunteer at the Thunder Bay District Health Unit? \_\_\_\_\_

How long do you expect to volunteer? \_\_\_\_\_

Do you have a valid driver's licence? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a vehicle available to you? Yes \_\_\_\_\_ No \_\_\_\_\_

**Where applicable**, it is an agency policy that volunteers must attend an orientation session, and agree to a criminal records check prior to commencing their volunteer service.

Signature \_\_\_\_\_

Parent Signature (if under 18) \_\_\_\_\_

Date: \_\_\_\_\_