

Please indicate site/s where you wish to volunteer: ☐ **University Hospital** ☐ **Victoria Hospital**

How did you hear about volunteering with LHSC? ☐ I am a current LHSC employee ☐ I am a Retired LHSC employee

☐ Poster ☐ Presentation ☐ Social Media ☐ Word of Mouth ☐ Other _____

Last Name:		First Name:		Common Name:	
Telephone (preferred contact #):				Email:	
Permanent/Home Address:				City:	Postal Code:
Alternate/School-year Address:				City:	Postal Code:

Local Emergency Contact

Name:	Relationship:	Telephone:
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AVAILABILITY *Indicate your availability on the following chart:*

TIME	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (8-12)							
Afternoon (12-4)							
Evening (4-8)							

I will commit to: ☐ < 6 months ☐ 6 - 12 months ☐ 1+ years Note: ☐ away in winter ☐ away in summer

Check areas of interest

AREAS OF INTEREST

(Please note: Selecting an area of interest does not guarantee placement in that area.)

AUXILIARY	<input type="checkbox"/> Garden Shoppe	<input type="checkbox"/> Gift Shops	<input type="checkbox"/> Nevada Ticket Sales
CANCER PROGRAM (VH only) – assisting patients, helping with patient flow			
CHILDREN'S PROGRAM (VH only) – engaging children in different activities i.e. games, crafts			
CLERICAL OFFICE ASSISTANCE – filing, collating, telephone			
CLINICS – helping with the patient flow of an outpatient clinic			
EMERGENCY DEPARTMENT – providing comfort measures and information for patients/families			
INFORMATION/GUIDE ROLE – assist visitors with general inquiries and directions			
MENU PICK-UP (UH only)			
MUSIC PROGRAM – please indicate instrument _____			
PATIENT VISITING			
WAITING ROOMS – liaise with family and staff, help with the patient/visitor flow			

What insights, knowledge, skills and attributes do you feel you would bring to LHSC?

EMPLOYMENT/EDUCATION STATUS <i>Check all that apply</i>			
<input type="checkbox"/> Post-Secondary Student	<input type="checkbox"/> Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Seeking Employment
If Employed:		If Student:	
Employer:	School:		
Position:	Program:	Year:	
		Career Interests:	
PREVIOUS WORK EXPERIENCE:			
Position	Employer	Start Date	End Date
PREVIOUS VOLUNTEER EXPERIENCE:			
Position	Organization	Start Date	End Date
REFERENCES			
It is your responsibility as the applicant to send the <i>LHSC Volunteer Reference Form</i> to the 2 references listed below.			
It is the reference's responsibility to send the completed reference form to our office directly. <u>References will not be accepted from the applicant.</u> Family members and friends are not recommended references.			
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
I understand and agree that London Health Sciences Centre may contact my references to verify information they provide on the reference form. I authorize my references to release all information as requested.			
<i>Applicant's Signature:</i>		Date (YYYY/MM/DD):	
Have you been convicted of an offence in respect of which a pardon has not been granted under the criminal records Act and has not been revoked? <input style="margin-left: 100px;" type="checkbox"/> Yes <input style="margin-left: 100px;" type="checkbox"/> No (Ontario Human Rights Code)			
If accepted as a volunteer, I agree to a regular time commitment, 2-step TB skin test and review of immunizations, ID badge, confidentiality agreement, orientation/education program and Police Information Check as a condition of placement.			
<i>Applicant's Signature:</i>		Date (YYYY/MM/DD):	

Please submit your completed application - By email or mail to London Health Sciences Centre (LHSC).

Email: Volunteer_Services@lhsc.on.ca

Mail:

University Hospital, Volunteer Services, Room A1-503, 339 Windermere Rd, P.O. Box 5339, London, ON N6A 5A5

Victoria Hospital, Volunteer Services, Room D3-406, 800 Commissioners Rd E, P.O. Box 5010, London, ON N6A 5W9