Red Lake Margaret Cochenour MEMORIAL HOSPITAL

Working together towards excellence in rural healthcare!

Please complete this application to become a volunteer at Red Lake Margaret Cochenour Memorial Hospital. **Submit all completed forms with attention to Rebecca Ross; in person at hospital Admissions Window, by fax 807- 727- 3409 or by e-mail to** iVolunteer@redlakehospital.ca . ***Please note that volunteers must be 18 years of age or older.***

VOLUNTEER APPLICATION

Contact Information

Name	
Street Address	
City Code	
Home Phone	
Cell Phone	
E-Mail Address	

Interests

The following is a list of current volunteer opportunities. Tell us in which programs you are interested in volunteering. Please see volunteer descriptions in the Volunteer Handbook.

☐	Friendly Visiting
☐	Therapy Dog Program

Visiting Preference

Please indicate to the best of your ability when you would plan on coming to volunteer. Please note, this is to give staff an idea of when you would be visiting. You will not be held to a schedule.

☐	Weekday mornings	☐	Weekend mornings
☐	Weekday afternoons	☐	Weekend afternoons
☐	Weekday evenings	☐	Weekend evenings

Special Skills, Interests and Talents

Summarize some of your skills, interests and talents you may have gained through employment, previous volunteer work, or through other activities, including hobbies or sports. If you speak any other languages other than English, please note in this section.

Type here...

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Previous Volunteer and/or Work Experience

Summarize your previous volunteer and/or work experience and why you want to volunteer at RLMCMH.

Person to Notify in Case of Emergency

Name	
Street Address	
City	
Home Phone	
Work Phone	
E-Mail Address	

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.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

****Thank you for completing this application form and for your interest in volunteering with us. ****

Print, fill-out and submit the required 2 "Reference Forms"

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Volunteer Application Reference #1

To be completed by the volunteer

I authorize the referee to release the information requested below to RLMCMH.

Applicant Name: _____ Applicant Signature: _____ Date: _____

To be completed by the Reference Provider (Must not be a family member)

The individual for whom you are providing a reference will have direct contact with patients, visitors and staff. The position involves providing patient support and comfort and working in positions of trust and confidentiality. Volunteers must be able to work cooperatively and have excellent communication skills. Please fill out this form to the best of your ability.

Name	
Occupation	
How long have you known the applicant?	
In what capacity?	
Daytime phone #	

Competency/ Work Ethic

Please rate the following list of qualities/skills using a check mark from 1-4. Comment where applicable.

Key: (1) excellent (2) very good (3) satisfactory (4) marginal (N/A) not applicable

Qualities/ Skills	1	2	3	4	5	Comments
Ability to take and follow directions						
Ability to work independently						
Communication skills						
Compassion for others						
Customer service skills						
Flexibility						
Reliability/dependability						
Teamwork/collaboration						

Competency/Work Ethic	Comments
What would you say are the candidate's strengths?	
Is there any reason the candidate should not participate in our volunteer program? Please explain.	
Referee's Signature:	Date:

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Volunteer Application Reference #2

To be completed by the volunteer

I authorize the referee to release the information requested below to RLMCMH.

Applicant Name: _____ Applicant Signature: _____ Date: _____

To be completed by the Reference Provider (Must not be a family member)

The individual for whom you are providing a reference will have direct contact with patients, visitors and staff. The position involves providing patient support and comfort and working in positions of trust and confidentiality. Volunteers must be able to work cooperatively and have excellent communication skills. Please fill out this form to the best of your ability.

Name	
Occupation	
How long have you known the applicant?	
In what capacity?	
Daytime phone #	

Competency/ Work Ethic

Please rate the following list of qualities/skills using a check mark from 1-4. Comment where applicable.

Key: (1) excellent (2) very good (3) satisfactory (4) marginal (N/A) not applicable

Qualities/ Skills	**1**	**2**	**3**	**4**	**5**	**Comments**
Ability to take and follow directions						
Ability to work independently						
Communication skills						
Compassion for others						
Customer service skills						
Flexibility						
Reliability/dependability						
Teamwork/collaboration						

Competency/Work Ethic	**Comments**
What would you say are the candidate's strengths?	
Is there any reason the candidate should not participate in our volunteer program? Please explain.	
Referee's Signature:	Date: