



# **GERALDTON DISTRICT HOSPITAL VOLUNTEER PROGRAM**

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## **APPLICATION PACKAGE**

## **BECOME A VOLUNTEER**

Be a part of a team, share your experience, learn new skills and develop long lasting friendships!  
**Join our team TODAY!**



Thank you for your interest in joining our volunteer program! Volunteering at the Geraldton District Hospital is a great opportunity to make a difference in someone's life. Volunteers play a vital role within the hospital and are valued members of our team.

Becoming a volunteer involves committing to a minimum requirement of 36 hours per year. For this reason, we ask that all volunteers make a long-term commitment to the program and maintain a regular volunteer schedule. Please carefully consider if you are able and willing to make this type of commitment prior to completing the application form.

Volunteers are selected and placed according to the needs of the organization and the interests, skills, availability and suitability of each applicant. Due to the nature of work in our organization, there are limited volunteer opportunities on evenings and weekends.

Evaluation and monitoring of volunteer activity will be ongoing in an effort to ensure relevance and value of service is met based on the organizations standards. Work assignments may be altered in response to newly identified needs of the patients and residents, gaps in service, or change in the skills and interest of the volunteer.

General training will be provided to all selected candidates. Training will include reviewing the hospitals policies and procedures, and standards of care applicable to the program and the services the volunteer will provide.

Please complete in full the attached application form and return the form to the Volunteer Coordinator in person or by email at [jfortier@geraldtondh.com](mailto:jfortier@geraldtondh.com). Once the application form has been received it will be reviewed. If the applicant is considered an applicable candidate based on the program needs, a screening interview with the prospective volunteer will be scheduled to review the applicants' qualifications in further detail to further determine if the candidate is suitable for the volunteer program at the Geraldton District Hospital. If successful the completion of the following documents are required prior to orientation and placement:

- **Vulnerable Criminal Record Check**
- **Parental Consent (if applicable)**

# VOLUNTEER APPLICATION FORM

## PERSONAL CONTACT INFORMATION

Name: \_\_\_\_\_ Primary Language: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Secondary Language: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Primary Language: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Secondary Language: \_\_\_\_\_  
Address: \_\_\_\_\_

## WORK & EDUCATION HISTORY

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Current School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Current College/Univ: \_\_\_\_\_ Program: \_\_\_\_\_

Other Work Experience: \_\_\_\_\_

## SKILLS & INTERESTS

Music	<input type="checkbox"/>	Arts & Crafts	<input type="checkbox"/>	Sales/ Marketing	<input type="checkbox"/>
Language	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Training/ Teaching	<input type="checkbox"/>
Gardening	<input type="checkbox"/>	Other	<input type="checkbox"/>	_____	

## GENERAL AVAILABILITY

Mon – Fri:	<b>Morning</b> (eg.10am – 11:30am)	<input type="checkbox"/>	<b>Afternoon</b> (eg. 2pm – 4pm)	<input type="checkbox"/>	<b>Evenings</b> (eg. 6pm – 7:30pm)	<input type="checkbox"/>
Sat – Sun:	<b>Morning</b> (eg.10am – 11:30am)	<input type="checkbox"/>	<b>Afternoon</b> (eg. 2pm – 4pm)	<input type="checkbox"/>	<b>Evenings</b> (eg. 6pm – 7:30pm)	<input type="checkbox"/>

Times not available: \_\_\_\_\_

## OTHER VOLUNTEER COMMITMENTS

Organization Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Organization Name: \_\_\_\_\_ Position: \_\_\_\_\_

## PERSONAL REFERENCES

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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## SIGNATURES

I hereby agree that all information provided is true and accurate. I give Geraldton District Hospital authorization to contact references provided. Should I be accepted as a volunteer, I agree to adhere to the hospital policies, procedures and standards of care that are applicable to volunteers and the services volunteers provide.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_