



# Volunteer Application Form

Application Date \_\_\_\_\_

Where did you hear about volunteering at KGH? (check all that apply)

- Other KGH Volunteer   
  KGH Staff Member   
  KGH Website  
 School                     
  Other community organization or hospital  
 Other \_\_\_\_\_  
 Yes     No Have you ever been a KGH volunteer or staff member?

Office Use	Date Completed
<input type="checkbox"/> Data Entry:	_____
<input type="checkbox"/> Interview	_____
<input type="checkbox"/> Reference check	_____
<input type="checkbox"/> CRC	_____
<input type="checkbox"/> VSS	_____
<input type="checkbox"/> Immunization	_____
<input type="checkbox"/> TB	_____
Placement: _____	
<input type="checkbox"/> Training Arranged	_____
<input type="checkbox"/> ID Form _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Computer Access	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Bus Pass	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Parking Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Training Form	_____
<input type="checkbox"/> Online Orientation	_____
<input type="checkbox"/> Onsite Orientation	_____
<input type="checkbox"/> Confid. Form	_____
<input type="checkbox"/> End Date	_____

Name: \_\_\_\_\_

Primary Address/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternative address (where applicable): \_\_\_\_\_

Alternative Telephone: \_\_\_\_\_

E-mail address that I check regularly: \_\_\_\_\_

**For STUDENTS** please visit the **Work With Us** section at [www.kgh.on.ca](http://www.kgh.on.ca) for details on eligibility criteria.

Current Status:     Secondary School     Post Secondary     Other \_\_\_\_\_

Current Grade/Year/Level: \_\_\_\_\_

Your expected length of stay in Kingston/Area:

year-round   
  Sept–Apr   
  May-Aug   
  Other \_\_\_\_\_

If under 18 please indicate your age: \_\_\_\_\_

List the top three volunteer positions/areas that are of most interest to you (a full list of services is available through the Work With Us section at [www.kgh.on.ca](http://www.kgh.on.ca) or in hard copy from Volunteer Services)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How will volunteering at KGH help meet your goals (e.g. personal, academic, work)?

\_\_\_\_\_

\_\_\_\_\_

List your employment and volunteer experience as well as any awards or special training you've received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relevant hobbies, interests or special skills and talents you would like to share:  
\_\_\_\_\_  
\_\_\_\_\_

Please list two people you have asked to complete the attached Reference Form

① Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

② Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

I hereby authorize and release from all liability my present/previous employer and/or educational institution/volunteer placement to provide Volunteer Services, with reference information concerning me, including but not limited to achievement, performance, attendance, employment/educational history, disciplinary information and reason for separation of employment and/or education.

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

**Please read and check  before signing:**

- I certify that I am 16 years of age or older and that the information in this application is correct to the best of my knowledge and I understand that any misrepresentation or omission may result in my dismissal if I am accepted as a volunteer.
- I understand that my 2 references need to submit their completed forms directly to Volunteer Services, or through me in a signed, sealed envelope, before I will be contacted about next steps in the intake process.
- I understand that not everyone who applies is accepted as a volunteer.
- I understand that, upon acceptance into a volunteer position, KGH requires that I submit the results of a criminal reference check with the vulnerable sector search (18+ years old). More details are provided at the interview.
- I understand that prior to confirmation of a program and shift time, volunteers must submit the results of a negative 2-step Tuberculosis (TB) test and provide proof of immunization. Upon agreement that you will commence volunteering, you will be provided with a form that your primary health care provider is required to complete.
- I agree to make a regular commitment to KGH for a minimum of 6 months and/or a minimum of 60 hours service.

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

Print Name: \_\_\_\_\_



Personal information contained on this form is collected pursuant to the Public Hospitals Act and the Freedom of Information and Protection of Privacy Act (FIPPA), and will be used for the purpose of volunteer selection and placement at KGH. We will not share this information otherwise without permission from the applicant and their guardian.

Currently we use a vendor in the United States to store our applicant information and to provide statistics to us. Your information is protected in accordance with current privacy laws. If you have questions about your information or our process, please contact the Privacy Officer at 613-549-6666 Ext. 2567 or e-mail to [privacy@kgh.kari.net](mailto:privacy@kgh.kari.net).

[volunteer@kgh.kari.net](mailto:volunteer@kgh.kari.net) ♦ phone 613-548-2359 ♦ fax 613-548-2475 ♦ [www.kgh.on.ca](http://www.kgh.on.ca) – “Work with Us”  
Volunteer Services @ KGH ♦ 76 Stuart Street ♦ Kingston ON ♦ K7L 2V7



DEPARTMENT OF VOLUNTEER SERVICES

**VOLUNTEER REFERENCE FORM**  
**All information provided is CONFIDENTIAL**  
(See submission instructions on bottom of page 2)

A teacher, coach, clergy, neighbour, employer, camp counsellor, volunteer supervisor, or someone that knows you well should provide the reference. Family members or friends are not recommended references.

This individual is applying to do volunteer work at *Kingston General Hospital*. As a volunteer this individual may have contact with people who are vulnerable, recovering from illness or have special needs. Volunteer activities may include visiting, offering support and comfort, handling cash, and working in positions of trust and confidentiality. Volunteers are required to work cooperatively with employees, visitors and other volunteers.

**The Referee must return the completed form directly to Volunteer Services**

**Name of Volunteer** \_\_\_\_\_

**Name of Reference:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Organization:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**How well do you know the applicant?**     very well                       well                       casually

**How long have you known the applicant?**  < 6 months                       1 – 5 years     5+ years

**In what capacity do you know the applicant?** \_\_\_\_\_

<b>Please check the following:</b>	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Excellent</b>	<b>Unable to Judge</b>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassion for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectfulness of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**See over for more questions...**

Page 2 of reference for \_\_\_\_\_

**Do you think the applicant works better:**

- independently  one-to-one  as a team member  in any combination of situations?  
 unable to judge

**What area(s) do you think the applicant needs to develop or strengthen?**

- judgement  initiative  commitment  interpersonal skills  confidence

Comments:

**Do you consider the applicant suitable to be a volunteer at KGH knowing that he/she may not receive direct supervision?**  YES  NO  MAYBE

**If you or a family member were a patient *KGH* would you want this person to visit you?**  YES  NO  MAYBE

**Are there any other comments you would like to make?**

**All information provided is CONFIDENTIAL. The Referee must return the completed form directly to Volunteer Services:**

- ➔ by email to [volunteer@kgh.kari.net](mailto:volunteer@kgh.kari.net)
- ➔ OR by fax to 613-548-2475
- ➔ OR by mail to Volunteer Services ♦ Kingston General Hospital ♦ 76 Stuart St. ♦ Kingston ON K7L 2V7
- ➔ OR to the applicant in a sealed, signed envelope. Unsealed references will not be accepted.

If you prefer to provide a reference by phone contact KGH Volunteer Services at 613-548-2359

**Signature:** \_\_\_\_\_

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

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Organization: \_\_\_\_\_ Title: \_\_\_\_\_

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**Signature:** \_\_\_\_\_

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