



**Professional / Work Experience:**

**Special Interests, Skills and Hobbies:**

**Community / Volunteer Experience:**

**I am interested in volunteering at the following Espanola Regional Hospital & Health Centre location:**

Espanola Regional Hospital       Espanola Nursing Home       Foundation

▼  
I am interested in the following area(s):     General / Public       Acute Care

**I will commit to volunteering for:**

Six Months       More than Six months

*Note: We also consider summer students who are available to volunteer for 2-3 months.*

**I am available to volunteer:**

Time \ Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

**I like to take extended vacations during:**

Summer months       Winter months

**VOLUNTEER AGREEMENT**

1. If I am accepted for a volunteer position, I agree to comply with the guidelines of the volunteer position and will adhere to the policies and procedures of the Espanola Regional Hospital & Health Centre and Volunteer Engagement Department.
2. I understand that the volunteer uniform and photo ID card are the property of the Espanola Regional Hospital & Health Centre and must be worn at all times when volunteering in the hospital. Upon termination as a volunteer, I will immediately return the aforementioned items to the Volunteer Engagement Department.
3. I agree to my photograph being taken for identification and/or media purposes.
4. I confirm that the information provided in this application is accurate, and I authorize investigation of all statements made in this application.

\_\_\_\_\_  
**Signature of Applicant**

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