

PERSONAL & CONTACT INFORMATION

First Name:		Last Name:			
Professional Title (optional):		Preferred Name:		Birthday: You must be 16 years of age or older to volunteer Day _____ Month _____	
Apt #:	Street Address:		City:	Province	Postal Code
Phone Numbers: CELL			HOME (OPTIONAL)		Note that our office is open 8am - 4pm, Mon - Fri Note that if we call you our number will show up as PRIVATE or NO CALLER ID
Email Address:					
Circle:	Adult → (if you have been <u>out of school for over 5 years</u>) Student → University College High School				
Have you ever been convicted of a criminal offence for which a pardon has not been granted? <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, please specify:					

EMERGENCY CONTACT INFORMATION

Full Name:		Relationship to you:			
Phone Numbers: CELL		HOME		WORK	

SKILLS & EXPERIENCE

How did you hear about us (circle)? <i>Family</i> <i>Friend</i> <i>SHS Staff</i> <i>SHS Volunteer</i> <i>SHS Website</i> Other _____
What do you hope to accomplish/gain from volunteering at Sinai Health System (goals)?
What do you hope to contribute as a volunteer at Sinai Health System?
Do you have any special skills that you could use / share when assisting with patients? (Ex. musical instrument)
What areas/departments are you interested in volunteering with at Sinai Health System? (Please note that requests for specific departments will be considered but NOT guaranteed)
Previous related experience?
What languages are you fluent in aside from English (for the purposes of our friendly visitor interpretation program)?

AVAILABILITY						
Shift	Mon	Tue	Wed	Thu	Fri	*Please note that we do not have any Saturday/Sunday shifts*
Morning 8am – 12pm						
Afternoon 12/1pm – 4pm						

MONTHS AVAILABLE					
Jan <input type="checkbox"/>	Feb <input type="checkbox"/>	Mar <input type="checkbox"/>	Apr <input type="checkbox"/>	May <input type="checkbox"/>	Jun <input type="checkbox"/>
July <input type="checkbox"/>	Aug <input type="checkbox"/>	Sep <input type="checkbox"/>	Oct <input type="checkbox"/>	Nov <input type="checkbox"/>	Dec <input type="checkbox"/>

Please read carefully before signing:

The Hospital reserves the right to accept or not accept volunteer applicants. Volunteers are placed according to their interest, skills, suitability, and the needs of the Hospital.

The Hospital reserves the right to release a volunteer from his/her volunteer position if, in the opinion of the Hospital, continuance of the volunteer role could cause detriment to the Hospital.

I understand that if I am accepted as a volunteer, I agree to abide by the policies and guidelines in place at Sinai Health System.

I understand that I will be required to satisfactorily serve a probationary period.

I understand that false or incomplete information on this application form may disqualify me from volunteering, or result in my dismissal. I give permission for SHS Volunteer to verify all statements made on this application.

Sinai Health System is committed to an inclusive and accessible work environment and supports the compliance of the Accessibility for Ontarians with Disabilities Act (AODA). Sinai Health System requests that job and volunteer applicants requiring accommodation inform SHS so that suitable arrangements can be prepared to take into account the applicant’s accessibility needs.

Sinai Health System is committed to protecting your privacy. The personal information in this form is collected in accordance with the *Employment Standards Act, Occupational Health and Safety Act, and Workplace Safety and Insurance Act (co-op only)* It will be used and maintained by the institution for the intended purpose of screening your application. If you have any questions about the collection, use and disclosure of the personal information provided on this form, please contact Corporate Privacy Officer and Freedom of Information Coordinator at privacy@mtsinai.on.ca or 416-586-4800 ext. 2101.

Please return (via email or in person) your **full** application package including the following in order to be considered:

- 1. Application Package**
- 2. Reference**
- 3. Resume**
- 4. Cover Letter**

Volunteer Resources
 60 Murray St., Toronto, ON
 L1-023 (lower level, room 023)
 M5T 3L9, MAILBOX #35

e: volunteer.MSH@sinaihealthsystem.ca
 t: 416-586-4800 ext. 8200

Signature of applicant: _____ Date: _____

Please Note: All successful applicants are required to complete an Immunization Form before starting their placement.

This can take 4-10 weeks to complete.

They will also be required to complete a Hand Hygiene and Privacy Module online before their orientation.

Volunteer Application & Reference Form

Please note that references must have known the applicant for a minimum of 6 months in a **professional** (non-personal) capacity (i.e. supervisor, co-worker, coach, volunteer supervisor). Family, friends and physicians are not eligible to be references.
 BY SUBMITTING THIS FORM REFERENCES AGREE TO BE CONTACTED SHOULD MORE INFORMATION BE NECESSARY.

Volunteers should return this reference form with completed application. Alternately, referees may return completed reference forms to volunteer.MSH@sinaihealthsystem.ca

VOLUNTEER APPLICANT		
First Name:	Last Name:	
REFEREE INFORMATION		
Name:	Organization:	
Phone:	Occupation / Title:	
Email:		
What is your relationship to the volunteer (e.g. employee, teacher, coach)?		
I have known the Applicant for _____ years / _____ months		
REFEREE COMMENTS		
<p><i>Volunteers at Sinai Health System are focused on providing compassionate service and support to vulnerable patients, families and visitors. In your own words, what makes the applicant a suitable candidate for volunteer service in a hospital? Please outline their strengths and areas needing improvement. Feel free to attach a separate page if needed.</i></p>		
COMPETENCIES		
Please comment on how well the Applicant exhibits the following characteristics of a good volunteer.		
1 - Very limited proof of skills/behaviours 2 - Limited evidence of skills/behaviours 3 - Acceptable proof of skills/behaviours 4 - Good evidence of skills/behaviours 5 - Superior proof of skills/behaviour U- unable to evaluate		
Competency	Rating	Comments
Initiative		
Maturity		
Reliability / Dependability		
Integrity		
Customer / Patient Focus		
Communication Skills		
Adaptability to Change		
Problem Solving		
Teamwork		
OVERALL RATING		
SIGNATURE		
<p>I understand that any willful misrepresentation made by me in connection with this reference will be sufficient cause for the dismissal of the applicant from Volunteer Resources.</p>		
Signature:	Date:	

Volunteers are valued members of the Sinai Health System team. Our team members are committed to helping us achieve our vision and mission through their dedication to making our patients live better.

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