



# Hôpital général de Nipissing Ouest The West Nipissing General Hospital

725 ch. Coursol Rd., Sturgeon Falls, ONTARIO P2B 2Y6  
TEL: (705) 753 - 3110 • FAX: (705) 753 - 0210

## Volunteer Application Form

<u>Personal Information</u>
<b><u>Required Information</u></b>
Applicant Name: _____
Address: Street: _____ City: _____ Postal Code: _____
Telephone: Home: _____ Work: _____
Cell: _____
Email: _____
Language(s): spoken and understood: French _____ English _____ Other _____
<b><u>Contact for Illness or Emergency</u></b>
Name: _____ Relationship: _____
Telephone: _____
Family Physician: _____ Telephone: _____
<b><u>Additional Information</u></b>
Do you have computer skills? Yes _____ No _____
Do you have other skills which could be put to use as a hospital volunteer?
_____
_____
_____
_____
What are your expectations of this volunteer experience?
_____
_____
_____
_____
<b><u>Volunteer Opportunities</u></b>
Please select the type(s) of volunteer opportunity that interests you:

\_\_\_\_ Activity Aid (please specify)

Music\_\_\_\_ Bingo, cards etc.\_\_\_\_ Accompaniment for outings\_\_\_\_ socials/teas, films

\_\_\_\_ Patient/resident visitor

\_\_\_\_ Pastoral care

\_\_\_\_ Minister of communion

\_\_\_\_ Administrative support

\_\_\_\_ Emergency greeter during hospital closures

**Availability:** (please specify the number of hours as well as time of day and days of the week)

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**Signature of applicant**\_\_\_\_\_ **Date**\_\_\_\_\_

**Signature of parent/guardian if you are under 16 years of age**

I, the undersigned, authorize my son/daughter to act in a volunteer capacity for the West Nipissing General Hospital.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Selected applicants must :

Must be a minimum of 14 years of age

Provide a criminal reference check of no more than six months old

A proof of up-to-date immunization

Attend an orientation session

**Thank you for pursuing a Volunteer Opportunity at the  
West Nipissing General Hospital!**