



MISERICORDIA
H e a l t h · C e n t r e
The future of care

All information on this Volunteer Application Form, whether submitted online or in paper directly to Misericordia Volunteer Services, will be entered to a website owned by Volgistics, Inc. and not the Misericordia Health Centre or the Winnipeg Regional Health Authority (WRHA).

Volgistics is a third party contracted to manage and store all information on volunteers collected by Misericordia Health Centre, including, but not limited to: this application, personal information, volunteer assignments, service hours, awards, etc. Volgistics currently stores this information on servers located outside of Canada so this information will be subject to the laws of the country where it is kept. Misericordia Health Centre and the WRHA are not responsible for any lost or misdirected data or for any delays while data is being sent to or stored on the Volgistics website. Information about Volgistics' Security Features, Privacy Policies and Terms of Use can be found on its website at www.volgistics.com.

Date: _____

Mr. Miss Ms Mrs.

Last Name: _____

First Name: _____

Middle Name: _____

Preferred Name: _____

Street Address: _____ Apartment Number: _____

City/Town: _____

Province: _____ Postal Code: _____

E-Mail: _____

Phone: Home: (_____) _____ Business: (_____) _____

Cellular: (_____) _____

I prefer to receive calls at: Home Business Cell

Best Time to Call: _____

Please indicate your age category:

14 –17 years of age
18 or older

Education

Formal education is **not** required to be a volunteer. We welcome experience of all kinds!

Are you currently a student? Yes No

If you are currently a student, please complete this section:

Name of School: _____

Grade Level/Year of Study: _____

Course of Study: _____

Are you receiving credit for your volunteer work? Yes No

Required number of hours: _____ By When? _____

If yes, what school or organization do you require the hours for?

Employment History

Currently I am: Employed Unemployed Retired Student Other

Company Name/Employer	Your Job Title	From (M/Y)	To (M/Y)	Reason for Leaving

Volunteer Work

Please list organizations that you currently are volunteering for or have volunteered for in the past including: community clubs, schools, religious organizations, professional associations, non-profit organizations, sporting organizations, etc.

Organization	Your Responsibilities	From (M/Y)	To (M/Y)	Reason For Leaving

Have you ever applied to volunteer with Misericordia before? No Yes If Yes, when? _____

Which area are you are interested in?

Resident Care Programs (i.e. Recreation, Spiritual Care, Resident Companion) _____

Support Services (i.e. Gift Shop, Clinics, Customer Service) _____

Check the skills and experience you have to offer:

- | | | |
|---|--|--|
| <input type="checkbox"/> Clerical, Organizational | <input type="checkbox"/> Experience with the elderly | <input type="checkbox"/> Training/Education |
| <input type="checkbox"/> Health care | <input type="checkbox"/> Writing | <input type="checkbox"/> Languages |
| <input type="checkbox"/> Computer , Technology | <input type="checkbox"/> Recreation, Coaching | <input type="checkbox"/> Other (specify) _____ |

Check your reason(s) for volunteering:

- | | | |
|---|--|---|
| <input type="checkbox"/> Academic Credit | <input type="checkbox"/> Learn new skills | <input type="checkbox"/> Practice English skills |
| <input type="checkbox"/> Confirmation Requirement | <input type="checkbox"/> Help others | <input type="checkbox"/> Referred by medical profession |
| <input type="checkbox"/> Employment Experience | <input type="checkbox"/> Improve health care | <input type="checkbox"/> Stay active & involved |
| <input type="checkbox"/> Explore careers | <input type="checkbox"/> Social interaction | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Relative/friend volunteers | | |

Availability

Please check the preferred time period(s) that you are available to volunteer FOR THE NEXT 3 MONTHS. Please specify the times you would arrive for your shift and then have to leave.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How long a commitment are you prepared to make? three months six months 1yr +

Are you interested in volunteering for special projects or events? Yes No

Are there times of the year you are not available to volunteer? i.e. vacation _____

Optional

If you wish to have anything further to be taken into consideration when determining a volunteer placement (for example: mobility issues, back problems or allergies), you may list those issues in the space provided:

Who would you like us to contact in case of an emergency?

Name: _____ Phone : Home (____) _____
 Work (____) _____
 Cellular (____) _____

References

If you are interviewed as a potential volunteer, you will be asked to provide three (3) references. Please note that references from family members or from personal friends will not be accepted, **unless you were employed by them.** Please bring the names and phone numbers of your references with you to your interview.

Authorization and Consent

By submitting this application, I agree that the information I have provided on the form is true and accurate. Furthermore, I understand and agree that submitting this application form does not automatically register me as a volunteer. It is the policy of Misericordia Health Centre Volunteer Services to screen all prospective volunteers. While we try to place every prospective volunteer, management reserves the right to decline applicants who do not meet our requirements and/or placement criteria. I consent to this information and information about my volunteer work with Misericordia Health Centre to be maintained on the Volgistics website and absolve and release Misericordia Health Centre and the WRHA from all and any liability that may otherwise accrue by reason of keeping this information on the Volgistics website and using this information for the Misericordia Health Centre purposes.

Signature of Applicant:

Date:



Parent/Guardian Consent Form (For applicants 17 years of age and under)

I, _____ hereby give
(print name of parent/guardian)
my permission for _____
(name of volunteer)

to volunteer for The Misericordia Health Centre. I have read and understood the Volunteer Application Form and I consent to the details on my child's volunteering being stored on the Volgistics website as described on the Volunteer Application Form.

NOTE:

Parents may be advised of performance issues or in the event that disciplinary action should be required.

Date _____

(signature of parent/guardian)

**PLEASE PRINT THIS FORM, COMPLETE IT,
AND BRING IT WITH YOU TO YOUR INTERVIEW**