



**SBGHC VOLUNTEER APPLICATION**

First and Last Name	
Telephone	
Email	
Address	
Birth Date	

**Availability/Areas of Interest**

I am interested in volunteering at the following site(s) of SBGHC:

- Walkerton     Kincardine     Chesley     Durham

I am interested in the following volunteer roles/areas (Select all that apply):

- Greeting/Wayfinding     Diagnostic Imaging     Surgical Services     Patient Visiting/Activities  
 Gardening     Patient Surveys     Special Events     Patient Reminder Calls  
 Other (Please explain): \_\_\_\_\_

Days     Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Sunday

Times     Morning     Afternoon     Evenings     Anytime

Frequency     Weekly     Every two weeks     Monthly     On-call     For special events/projects     Seasonal

I take extended vacations:     Summer     Winter

Why do you want to volunteer with SBGHC?

- Help Others     Meet People     Learn New Skills     Explore Careers     Community Involvement  
 Educational Requirements     Personal Satisfaction     Show Appreciation for Help Received     Other:

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Will you require accommodations to perform volunteer duties with SBGHC?     Yes     No

All volunteers are required to complete a Health Review, which includes a TB skin test and providing record of immunizations or completing lab work to demonstrate immunity. Do you have any concerns regarding this requirement?     Yes     No

All volunteers must provide a clear Criminal Record Check with Vulnerable Sector Screen. Do you have any concerns with this requirement?     Yes     No

39-2ND STREET, SE  
CHESLEY, ON N0G 1L0  
T 519-363-2340  
F 519-363-9871

320 COLLEGE STREET  
DURHAM, ON N0G 1R0  
T 519-369-2340  
F 519-369-6180

1199 QUEEN STREET  
KINCARDINE, ON N2Z 1G6  
T 519-396-3331  
F 519-396-3699

21 MCGIVERN STREET, W  
WALKERTON, ON N0G 2V0  
T 519-881-1220  
F 519-881-0452

**Commitment / Consent:**

I agree to comply with Volunteer Resources' requirements and policies as outlined in the Orientation Manual and my Position Description.

- I will be punctual and carry out my duties to the best of my abilities.
- I will notify the HR & Volunteer Coordinator/Staff Liaison of any necessary absence from my Service as far in advance as possible.
- I am willing to adhere to my commitment.
- I am willing to have my name and telephone number shared with fellow volunteers, as required.
- I will return my badge and uniform when I am no longer a Volunteer.

**NOTE:** All volunteer information is held in strict confidence and will be used only to match an individual to a suitable position, in the collection of statistical information or in trending studies.

By signing below, I am confirming that I agree with the above statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_