



Cambridge Memorial Hospital Volunteer Association Application Form

700 Coronation Blvd. Cambridge, ON N1R 3G2 Tel: 519-740-4965 Fax: 519-740-4932

Email: jhastings@cmh.org

Website: www.cmh.org

Thank you for your interest in Volunteering at Cambridge Memorial Hospital. The following information outlines what is required as a CMH Volunteer Association Volunteer.

- The minimum age to volunteer at CMH is 16.
- Adult volunteers are asked to complete a minimum of 2 hours per week, for a term of at least 6 months.
- Teen volunteers aged 16 to 18 must volunteer for a minimum of 60 hours before any school documentation is signed.
- Applicants that are currently in-patients or out-patients at Cambridge Memorial Hospital are asked to wait 6 months after discharge before applying to be a volunteer.
- All volunteers must have a valid Ontario Health Card.

Volunteer Opportunities:

The opportunities for volunteers at Cambridge Memorial Hospital are divided into the following areas: Revenue Support, Support Services and Patient Support.

Revenue Volunteers – Volunteer in one of the retail revenue areas, serving patients, staff and visitors. These include the Gift Shop, Recovery Room Shop (downtown Galt).

Support Services Volunteers – Volunteer in areas such as the Information Desk, Ultrasound, MRI and Ambassador Program

Patient Support Volunteers – Volunteer in clinical and support areas of the hospital where the volunteer has interaction with patients, staff and visitors.

Process to Volunteer:

- ✓ Complete and return application to the Coordinator of Volunteer Resources, including:
 - Personal Information Survey and Contract (teens under 18, must have their parents view and sign the Parental Acknowledgement).
 - Two (2) references.
 - Police Records Check with Vulnerable Sector (attached letter required).
- ✓ You will then be contacted for an interview that will help assess what position would best match your skills, interests and availability. (Not all applicants are successful candidates)
- ✓ After your interview, successfully complete a Communicable Disease Assessment (TB skin test) and receive flu shot during the influenza season (October to April).
- ✓ Attend volunteer orientation. Orientations are from 4:00-6:30pm on the 2nd Thursday of every month.
- ✓ Successful candidates will then receive an ID badge and a uniform (any additional uniforms will be available at a cost).
- ✓ All volunteers who successfully complete the above steps will then receive training sessions in their mutually agreed placement position with an experienced volunteer or staff member.
- ✓ When this training is complete, you will be assigned a permanent shift.

If you have any further questions about the process to becoming a CMH volunteer, please contact the Coordinator of Volunteer Resources at 621-2333 ext. 2401 or jhastings@cmh.org



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Application Date: _____

PERSONAL INFORMATION

Last Name _____

First Name _____

Initial _____

Street Name & Number _____

Apt./Unit # _____

City _____

Province _____

Postal Code _____

Home Phone _____

Cell Phone _____

Email Address _____

Please list other languages spoken fluently _____

Do you have any requirements for accommodation that require follow up? Yes No

If under 18 please indicate your age: _____

Your expected length of stay in Cambridge/Area: Year-round Sept-Apr May-Aug Other

EMERGENCY CONTACT INFORMATION

Name _____

Relationship _____

Home Phone _____

Business Phone _____

SKILLS AND/OR INTERESTS

Please describe your personal talents, hobbies, interests and special skills.

Reason for Volunteering at CMH: _____

WORK/EDUCATION HISTORY

Are you currently in school? Yes No Full-time Part-time

High School College Full-time University

Please list skills that you have obtained from either your present or past employer/education which will contribute to your success as a volunteer?

VOLUNTEER EXPERIENCE

Name of Organization(s) _____

Type of Volunteer Work _____

Other Community Affiliations _____

TIME AVAILABLE	Weekdays:	Mornings	Afternoons	Evenings
	Weekends:	Mornings	Afternoons	Evenings
Preference:	Patient Focused	Supports Services	Revenue Services	
Areas of interest:				
Ambassador _____	CAT Scan _____	Central Registration _____	Diagnostic Imaging _____	
Emergency _____	Gift Shop _____	Hospital Elder Life Program _____	Intensive Care Unit _____	
Information Desk _____	Medical Day Clinic _____	MRI _____	Recovery Room Shop _____	
Surgical Day Care _____	Ultrasound _____			

VOLUNTEER CONTRACT

- Confidentiality:** I understand that ALL information acquired through services at Cambridge Memorial Hospital, directly or indirectly, concerning patients, doctors or any member of the staff or volunteer resources, is considered strictly confidential
- Performance:** I agree to report for duty at the assigned time and day or to ensure that a replacement is arranged. If unable to arrange a replacement, it is my responsibility to advise the staff of my department and the Manager of Volunteer Resources.
- Uniforms/ID:** The photo ID is the property of CMH. When I choose to no longer volunteer I will return the ID badge and parking pass.
- I understand that a **Criminal Reference Check** is required before placement at CMH. The cost is \$10.00.
- Commitment:** I realize that I am making a volunteer commitment, for a minimum of 6 months as an adult and 60 hours if under the age of 18 and I intend to honour it to completion.
- I give permission for the Department of Volunteer Resources to verify my written references.
- I understand that as a volunteer, my placement can be terminated for unacceptable behaviour such as disclosing confidential information, theft, property damage, volunteering under the influence of drugs or alcohol or not showing up for scheduled shifts without notifying the Manager of Volunteer Resources.
- I understand that I must undergo a health review including a 2 step TB skin test as outlined in the Public Hospitals Act.

I hereby declare that the above information is true and accurate and I give Cambridge Memorial Hospital authorization to check, reference and validate this information.

Date Signature of Applicant

PLEASE NOTE ALL APPLICATIONS WILL BE HELD FOR A THREE (3) MONTH PERIOD ONLY

PARENTAL ACKNOWLEDGEMENT

PLEASE NOTE – Must be completed for all volunteers under the age of 18.

I have reviewed the Volunteer Application package. I support my child in his / her decision to volunteer at Cambridge Memorial Hospital. I understand that all potential volunteers undergo a screening process that includes an interview, reference checks, Police Records Check, communicable disease screening and attending an orientation session as scheduled by the Manager of Volunteer Resources. I also understand that all volunteers will be subject to disciplinary measures up to and including termination of services in cases of negligent or disruptive behaviours / actions. I understand that my child must complete 60 hours of volunteer service before having any school documentation signed or verified.

Parent / Guardian Signature Date



VOLUNTEER RESOURCES – REFERENCE CHECK

Name of Volunteer Applicant: _____

Please return the two Reference Check Forms completed along with the Application Form. Letters of reference are welcome, provided they have been written within the last 12 months and have a contact phone number attached. (Family members are not eligible.)

Cambridge Memorial Hospital – Volunteer Resources would appreciate your assistance in providing us with a written reference for the above applicant. Thank you for your time and input.

Name of Reference: _____
(please print)

Relationship to the Applicant: _____

Address: _____

Telephone: (Day) _____ (Evening) _____

E-mail Address: _____

1. How long have you known the applicant and describe your relationship with them?

2. What do you consider to be the applicants strengths?

3. What areas do you feel the applicant can improve on?

4. The applicant is seeking to volunteer at a hospital where there are sick and vulnerable people. Would you recommend that the applicant volunteer in a hospital setting? Yes___ No___
If **No**, please explain why.

5. Please evaluate the applicant in the following areas: (5=excellent and 1=poor)

a. Reliability	5	4	3	2	1
b. Flexibility	5	4	3	2	1
c. Communication Skills	5	4	3	2	1
d. Interpersonal Skills	5	4	3	2	1

I understand that any misrepresentation made by me in connection with this applicant will be just and sufficient cause for the dismissal of the applicant from Volunteer Resources at Cambridge Memorial Hospital.

Signature: _____ Date: _____

OFFICE USE ONLY	Checked By: _____ Date: _____
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Signature: _____ Date: _____

OFFICE USE ONLY

Checked By: _____

Date: _____

Police Record Check

Dear Volunteer,

Thank-you for your interest in being a Volunteer at Cambridge Memorial Hospital. As part of the screening process, we are requesting a Police Records Check (PRC) to be completed. Cambridge Memorial Hospital provides services to people who are considered a vulnerable population and for this reason, a PRC with Vulnerable Sector is necessary.

The cost is the responsibility of the applicant.

All information will be handled with strict confidentiality for your respect and privacy.

Instructions for obtaining a Police Records Check

Option 1: Ordering PRC at Police Station

Please take to the nearest Police station or the stations listed:

Waterloo Regional Police Headquarters

200 Maple Grove Road, Cambridge, M-F 7:30 a.m. to 7:00 p.m.; 519-653-7700

Waterloo Regional Police Division Two

176 Hespeler Rd. Cambridge Available 24 hours a day; 519-653-7700

- Two pieces of identification are required; one must be photo identification, and one showing your current address. The following can be used as identification: driver's license, photo health card, birth certificate, passport or citizenship card and student card.
- The Police Department will call you once the check is complete (approximately 2 to 3 weeks). You must pick up the PRC from the Police Station, with the same two pieces of identification and bring the yellow copy into Volunteer Resources at CMH.

- OR -

Option 2: Ordering PRC Online

The Police Record Check may be ordered online. Visit <http://wrps.on.ca/>:

1. Select Online Services
2. Select Online Record Checks

- Payment is only acceptable through credit card and remains \$10 for all volunteers. It takes about a week to process, from which point you will be contacted to pick it up at the location you indicate.

Sincerely,

Jamie Hastings, Volunteer Resources Coordinator

519-621-2333 ext. 2401

Fax: 519-740-4920

Email: jhastings@cmh.org