



Cambridge Memorial Hospital Volunteer Association Application Form

700 Coronation Blvd. Cambridge, ON N1R 3G2

Tel: 519-621-2333 ext 2401 Fax: 519-740-4932

Email: VolunteerResources@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.
- Volunteers are required to volunteer for a minimum of 60 hours or 6 months.
- Student volunteers must volunteer for a minimum of 60 hours before school documentation is signed.
- Applicants that are currently in-patients or out-patients at CMH are asked to wait 6 months after discharge before applying to be a volunteer.
- All volunteers must have a valid Ontario Health Card.
- ***New*** All volunteers must have received two doses of COVID19 Vaccine and be willing to show proof

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 and Recovery Room Shop (downtown Galt).
- *Support Services Volunteers* – Volunteer in areas such as the 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 this application to the Coordinator of Volunteer Services.
- ✓ 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)
- ✓ Should you be deemed a successful volunteer applicant, you will be provided with a Police Record Check letter to take to the Police Department. All volunteers require a police record check. The Police Record Check must be:
 - In its original form.
 - Dated no later than 3 months prior to your interview date.
 - Appropriate to the role you will volunteer in (i.e. Standard vs. Vulnerable Sector Check)
 - Applicable to a healthcare setting. (NOTE: waiting to obtain a letter from CMH after your volunteer interview will ensure you receive the correct police record check.)
- ✓ After your interview, successfully complete a Communicable Disease Assessment (TB skin test) and review of your Immunizations. The flu shot is recommended although not required during the influenza season (October to April).
- ✓ Attend volunteer orientation. Orientations are typically held 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 Services at 621-2333 ext. 2401 or VolunteerResources@cmh.org



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Application Date: _____

PERSONAL INFORMATION

Last Name _____

First Name _____

Initial _____

Address _____

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 _____	Patient Registration _____	Diagnostic Imaging _____	
Gift Shop _____	Hospital Elder Life Program _____		Medical Day Clinic _____	
Recovery Room Shop _____	Surgical Day Care _____	Ultrasound _____	Mammography _____	

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 Services, 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 Volunteer Services.
- Uniforms/ID:** The photo ID and parking pass 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 \$15.00.
- Commitment:** I realize that I am making a volunteer commitment, for a minimum of 6 months or 60 hours and I intend to honour it to completion.
- I give permission for Volunteer Services 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 Volunteer Services.
- 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 Volunteer Services. 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 6 months or 60 hours of volunteer service before having any school documentation signed or verified.

Parent / Guardian Signature Date



VOLUNTEER SERVICES – 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 Services 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 Services at Cambridge Memorial Hospital.

Signature: _____ Date: _____

OFFICE USE ONLY

Checked By: _____

Date: _____



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