



Cambridge Memorial Hospital Volunteer Association Application Form

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

Email: aallen@cmh.org

Website: www.cmh.org

Thank you for your interest in volunteering at Cambridge Memorial Hospital.

Process to Volunteer:

- ✓ Complete and return this application to the Coordinator of Volunteer Services, including:
 - Verification letter from your Church/Faith Group
- ✓ Meeting with a CMH Spiritual Care Coordinator
- ✓ After your meeting, successfully complete Medical Clearance form including TB test
- ✓ 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 6 months prior to initiating contact with CMH.
 - Applicable to a healthcare setting.
 - A Vulnerable Sector Check
- ✓ Attend one volunteer orientation. Orientations are from 4:00-6:30pm on the 2nd Thursday of every month (check with Coordinator of Volunteers for next date).
- ✓ Volunteers will provide proof of COVID19 vaccinations, i.e. a photocopy of vaccination receipt, as all on-site CMH volunteers are required to have two doses of vaccine.
- ✓ Successful candidates will then receive an ID badge and a parking pass.
- ✓ All volunteers who successfully complete the above steps will then receive training regarding patient and personal safety while visiting patients.

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 aallen@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

Church/Faith Group:

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

EMERGENCY CONTACT INFORMATION

Name

Relationship

Home Phone

Business Phone

VOLUNTEER CONTRACT

- 1) **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
- 2) **ID/Parking Pass:** These items are the property of CMH. When I choose to no longer volunteer I will return both to CMH.
- 3) I understand that a **Criminal Reference Check** is required before placement at CMH. The cost is \$15.00.
- 4) I give permission for the Department of Volunteer Services to verify my verification letter.
- 5) 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.
- 6) 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