



Thank you for your interest in volunteering at Woodstock Hospital!

Volunteering is a great way to explore a new career, learn new skills, and help your community. For current volunteer opportunities, please visit our website www.woodstockhospital.ca. If you have any questions about the forms or process, please call the Volunteer Coordinator at 519-421-4233 Ext 3650.

Please note that we do not have opportunities available for you to practise or develop clinical or technical skills, nor will volunteering involve any of the following: academic credit, co-operative placements, clinical observation, job shadowing or court orders. Placements for school-related course requirements must go through Human Resources. If you have recently been in the hospital, applicants are encouraged to wait 6 months **after discharge from the hospital or experiencing a significant loss** before applying to be a volunteer. Depending on the situation, this allows you time to adjust, time to grieve, and get back into your regular routine.

Due to the complex application process, we ask volunteers to make a minimum commitment of at least one year (students – please speak to the Volunteer Coordinator). Please make sure this is a good time in your life for this commitment. The minimum age to volunteer is 15.

The application process:

Step 1 – Complete and submit the volunteer application package that includes:

- Signed volunteer application form
- 2 completed and signed reference forms from people who have known you well for at least one year.

Suitable references include: employers, co-workers, teachers, church leaders, coaches.

Please do not use relatives, friends, doctors or lawyers as references.

Volunteer application packages can be found online or call the office for a paper copy.

Step 2

Volunteer Services screens all application packages. If there are not any vacancies that match your availability, interest and abilities, you will be notified in writing.

Step 3 – Interview

Volunteer Services will contact the most suitable candidates for each position and set up an interview.

Step 4 – Pre-Placement Health Review & Police Check

After a successful interview, you will be required to complete the health form. It can take up to 4 weeks to complete these requirements. The fee required for any tests/bloodwork is out-of-pocket. Effective Oct 1/21, all applicants and volunteers must provide proof of two vaccinations for COVID-19.

Successful volunteers will also require a Vulnerable Sector Police Check. We will provide you with a letter for the police station. This fee is also out-of-pocket.

Step 5 – Orientation

Attendance at an in-person orientation is required. There is also a set of quizzes for mandatory topics. Please bring any outstanding, completed paperwork with you. Volunteers cannot start without completion of the paperwork, references and police check and pre-health screening.

Step 6 – Uniform & ID Badge

Arrangements will be made to provide you with a volunteer uniform (vest). Appointments are required to have your picture taken for your ID badge. This badge allows volunteers to park in the staff parking lot, enter the building through the Staff Entrance and provides access to the Volunteer Team Room. If you lose your badge there is a \$25.00 replacement fee. An experienced volunteer or staff will train you.

NOTE – Due to the high volume of applications we receive, and the limited number of volunteer positions, we are not able to place everyone who applies.

Volunteer Placements

Our goal is to provide you with a satisfactory and enjoyable placement. Below is a list of areas of volunteer placements. Openings can change as new positions are created and schedules are altered to fit the needs of the departments.

In-Patient Support

- Provide diversion, support and recreational activities
- Meal assistance
- Entertainment
- Friendly visiting
- Pet Therapy through an approved Therapy Dog Program

Information and Way Finding

- Greeting people as they arrive to the hospital
- Provide information, directions and patient room numbers
- Assist patients in navigating through the hospital

Outpatient Clinics and Services

- Customer service
- Administrative Support
- Appointment reminder calls
- Discharge following procedures from Surgical Daycare

2022-02-23



Volunteer Services VOLUNTEER APPLICATION

Contact Information	
Name	
Address	
City & Postal Code	
Phone Number	
Email	

Date of Birth: DD-MM-YY: _____

This allows us to have a better understanding of the demographic of our volunteers. Providing this information is optional, however it is required for students to meet the minimum age requirement. Month/day is needed for volunteers who require computer access.

How did you hear about us?

WH Staff <input type="checkbox"/>	WH Volunteer <input type="checkbox"/>	Visiting WH <input type="checkbox"/>	As a Patient <input type="checkbox"/>
Website <input type="checkbox"/>	Media <input type="checkbox"/>	School <input type="checkbox"/>	Other <input type="checkbox"/> _____

Education

If attending school, please indicate which level of education you are **currently enrolled**.

High School	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Grade 12	
Post-Secondary	<input type="checkbox"/> Year 1	<input type="checkbox"/> Year 2	<input type="checkbox"/> Year 3	<input type="checkbox"/> Year 4

Program: _____

Emergency Contact

Name:	Relationship:
Phone Number:	Email:

Availability

When is the best time for you to make a regular, weekly commitment? **Choose no more than three.**

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interests

Which role(s) appeal to you most?

- | | |
|---|--|
| <input type="checkbox"/> Meal Assistance | <input type="checkbox"/> Administrative Support |
| <input type="checkbox"/> Spiritual Care (Chapel) | <input type="checkbox"/> Patient Visiting |
| <input type="checkbox"/> Information & Navigation | <input type="checkbox"/> Pet Therapy |
| <input type="checkbox"/> Fundraising/Special Events | <input type="checkbox"/> Outpatient Services (Clinics/Diagnostics) |
| <input type="checkbox"/> Recreation Therapy | <input type="checkbox"/> Physio/Occupational Therapy |
| <input type="checkbox"/> Surgical Daycare | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Reminder Calls | |

Please provide any details about previous work or volunteer experience that could benefit WH patients and families, as well as any hobbies, interests or special skills/talents that you might like to share.

Declaration: Please read and check before signing.

- I understand that submitting an application does not guarantee acceptance.
- If accepted, I agree to participate in the mandatory pre-placement health review and will pay the required fee for the two-step T.B. skin test.
- If accepted, I agree to submit a vulnerable sector screening and will pay the required fee to my local police services.
- I understand that I must make a regular commitment.
- I authorize Woodstock Hospital to share my contact information with staff for internal use only (i.e. scheduling, cancellation of shifts, substitutions, etc.).
- I authorize Woodstock Hospital to contact my references for verification or clarification.
- School forms will not be signed until the minimum requirement has been met.

Signature of Applicant

Date



Volunteer Services VOLUNTEER REFERENCE FORM

The person named below is applying to volunteer at Woodstock Hospital and as such may be working in a position of trust and confidentiality. If you would prefer to provide a reference by phone, please contact the Coordinator of Volunteer Services directly at 519-421-4233 Ext 3650.

Applicant's Name:

Person providing reference:

Phone:

Email:

1. How long have you known the applicant?

- Less than 1 year
- 1 – 3 years
- 3 – 5 years
- Over 5 years

2. In what capacity do you know the applicant?

3. What strengths or qualities does he/she possess that would be of value to a volunteer role at the hospital?

4. Is the applicant a team player or do they excel by working alone? Please provide an example.

5. Is he/she able to work with minimal supervision? Yes No
Comments:

6. Do you have any concerns about this applicant becoming a volunteer at WH? Yes No
If yes, please explain:

7. Woodstock Hospital is committed to providing care and compassion. Can you provide an example of when the applicant demonstrated these core values?

8. Please evaluate the applicant in the following areas using the scale where **1 = Poor and 5 = Excellent:**

a. Reliability	1	2	3	4	5
b. Flexibility	1	2	3	4	5
c. Time Management	1	2	3	4	5
d. Communication Skills	1	2	3	4	5
e. Responsibility	1	2	3	4	5
f. Initiative	1	2	3	4	5

9. Is there anything else you would like to tell us about the applicant that might help us make a suitable match?

I confirm that the details I have provided are correct to the best of my abilities.

Signature: _____ Date: _____

Please return the completed form via one of the following methods:

- ✓ E-mail to volunteers@woodstockhospital.ca
- ✓ Fax to 519-421-4253
- ✓ Mail to Volunteer Services – Woodstock Hospital, 310 Juliana Drive, Woodstock ON N4V 0A4



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