

STUDENT VOLUNTEER APPLICATION

PERSONAL INFORMATION	
Name:	
Home Address:	
City:	Province: Postal Code:
School:	Date of Birth (<i>must be 14 years of age to be considered</i>):
Home Phone:	Emergency Contact:
Cell Phone:	Relationship:
Email Address:	Contact Home Phone:
Area of Interest (if known):	Contact Business/Cell Phone:

Please use all the lines below to tell us in a short essay style, how you heard about our program and why you are interested in volunteering in a healthcare setting?

What are your interests or hobbies?

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YOUR AVAILABILITY (PLEASE INDICATE ALL POSSIBILITIES)							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
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"/>

CONSENT OF PARENT OR GUARDIAN:

Are there any restrictions that need to be accommodated for your son/daughter? Please describe:

This is to certify that my son/daughter is offering volunteer service to the Peterborough Regional Health Centre with my knowledge and consent. I understand and support the commitment my child is making as a volunteer at the Health Centre.

Parent/Guardian Signature: _____

Date (DD/MM/YYYY): _____

*All personal information will be stored and used for Volunteer Services purposes only.