



PERSONAL INFORMATION

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other
Last Name:		First Name:		Preferred First Name:
Address:				
City:			Postal Code:	
CONTACT NUMBERS				
Home:		Work:		Cell:
Email:			Birth Date:	Month: Day:
Age Group: <input type="checkbox"/> Under 19 <input type="checkbox"/> 19-25 <input type="checkbox"/> 26-40 <input type="checkbox"/> 41-60 <input type="checkbox"/> Over 60				

INTERESTS

Why are you interested in volunteering for us?		
Please describe the type of volunteer work you are interested in (ie, special events, hospital based events, community based activities, clerical tasks etc)		
Are you available to volunteer on evenings/weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you available during the day? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ABILITIES/SKILLS

List any hobbies/skills/interests/experiences:		
Do you speak and/or write languages other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please specify:	Do you have: Food Safe <input type="checkbox"/>	Serving it Right <input type="checkbox"/>
Many of our volunteer positions require standing for extended periods of time, lifting, or bending. Do you have any physical limitations or allergies that we should be aware of when considering your volunteer role? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify:		

HISTORY (VOLUNTEER, EMPLOYMENT, EDUCATION, TRAINING)

VOLUNTEER: Are you presently a volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, where?	How long?
Describe any previous volunteer experience:	
EMPLOYMENT: Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual	
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Employment:	

REFERENCES

Please provide two references (not relatives) that have known you for at least 6 months; one personal, and one business or volunteer related: (Please inform your references that they *may* be contacted)

Name:	Phone:
Personal Relationship to you?	Email:
Name:	Phone:
Business/Volunteer Relationship to you?	Email:

EMERGENCY CONTACT INFORMATION

Name:	Email:
Home:	Work: Cell:

PARENT/LEGAL GUARDIAN CONSENT: (Applicants under 19 years old)

I, _____, grant my child, _____
(Please Print Name) *(Please Print Name)*

Permission to volunteer for the Ridge Meadows Hospital Foundation.

Signature of Parent/Guardian: _____ Date: _____

****Please read the following carefully before signing this application****

“I _____ *(Print your Name)* confirm that the information in this volunteer application is complete and true. I understand and agree that any omission or misrepresentation with respect to the information given may be cause for refusal of volunteer placement. I understand that a Criminal Record Check may be required for some positions. I authorize Ridge Meadows Hospital Foundation to contact the references listed and give permission to these references to release all relevant information requested.”

I understand, and give permission for Ridge Meadows Hospital Foundation to keep a record of my personal information on site and that it will remain confidential to the Foundation. I understand that this information may be disclosed to any party with legal and proper interest, and I release the Foundation from any liability whatsoever for supplying such information.

Signature: _____ **Date:** _____

Office Use Only:

Date Received:	On Hold Date:
Comments/Notes:	

Return completed applications to: Ridge Meadows Hospital Foundation, 11666 Laity Street, Maple Ridge, BC V2X 7G5 or scan & email to: info@rmhfoundation.com Fax: 604.466.7978