Sinai Health System

Volunteer Application Form

Vsys Number - _____

Personal & Contact Information					
First Name:		Last Name:			
Prof. Title:		Preferred name:		Birthday: Day_____ Month _____ Year _____	
Apt #:	Street Address:		City	Prov.	Postal Code
Phone Numbers: Home		Cell		Best time to call:	
Email address:					
Have you ever been convicted of a criminal offence for which a pardon has not been granted? ☐ Y ☐ N					
If Yes, please specify:					
Emergency Contact Information					
First & Last Name:		Relationship to you:			
Phone Numbers: H		C		W	
Skills and Experience					
How did you hear about us (circle)? Family / Friend SHS Staff SHS Volunteer SHS Website Other website Other _____					
What do you hope to **accomplish/gain from** volunteering at Sinai Health System (goals)?					
What do you hope to **contribute** as a volunteer at Sinai Health System?					
Do you have any **special skills** that you could use / share when assisting with patients?					
What **areas/departments** are you interested in volunteering with at Sinai Health System?					
Previous Related Experience?					
Which languages are you fluent in?					

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Availability √							
Shift	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Months Available √					
Jan. ☐	Feb. ☐	March ☐	April ☐	May ☐	June ☐
July ☐	August ☐	Sept. ☐	Oct. ☐	Nov. ☐	Dec. ☐

Please read *carefully* before signing and date the following

The Hospital reserves the right to accept or not accept volunteer applicants. Volunteers are placed according to their interest, skills, suitability, and the needs of the Hospital.

The Hospital reserves the right to release a volunteer from his/her volunteer position if, in the opinion of the Hospital, continuance of the volunteer role could cause detriment to the Hospital.

I understand that if I am accepted as a volunteer, I agree to abide by the policies and guidelines in place at Sinai Health System.

I understand that I will be required to satisfactorily serve a probationary period.

I understand that false or incomplete information on this application form may disqualify me from volunteering, or result in my dismissal. I give permission for SHS Volunteer to verify all statements made on this application.

Sinai Health System is committed to an inclusive and accessible work environment and supports the compliance of the Accessibility for Ontarians with Disabilities Act (AODA). Sinai Health System requests that job and volunteer applicants requiring accommodation inform SHS so that suitable arrangements can be prepared to take into account the applicant's accessibility needs.

Sinai Health System is committed to protecting your privacy. The personal information collected in this form is collected in accordance with the ***Employment Standards Act, Occupational Health and Safety Act, and Workplace Safety and Insurance Act (Coop only)*** It will be used and maintained by the institution for the intended purpose of screening your application***.*** If you have any questions about the collection, use and disclosure of the personal information provided on this form, please contact **Corporate Privacy Officer and Freedom of Information Coordinator at privacy@mtsinai.on.ca or 416-586-4800 ext. 2101.**

Please return completed application to:

SHS – Mount Sinai Hospital Volunteer Resources 204 - 600 University Ave, Toronto, ON., M5G 1X5 e: volunteer@mtsinai.on.ca ; t: 416-586-4800 ext. 8200; f: 416-586-5239	SHS - Bridgepoint Active Healthcare Volunteer Resources 5.142 - 14 St. Matthews Road, Toronto, ON, M4M 2B5 e: Volunteering.Assistant@sinaihealthsystem.ca t: 416-461-8252 ext. 2076; f: 416-461-9972

Signature of applicant: _____ Date: _____

Office use only: