



VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering at Sensenbrenner Hospital. This application form is used for both general and student volunteers. All applications are reviewed by the Volunteer Liaison and selected applicants may be contacted for an interview, screening, and orientation. Submission of an application does not guarantee placement.

Student Volunteers

Applicants applying as student volunteers must be entering Grade 9 or higher and must be at least 14 years of age.

Screening Requirements

Volunteers aged 18 years and over are required to provide a current Vulnerable Sector Check.

Submission of Application

Please submit your completed application:

- By email: cbelanger-lacroix@senhosp.ca
- In person: Sensenbrenner Hospital
Attention: Volunteer Liaison
101 Progress Cres
Kapuskasing, ON, P5N 3H5

APPLICANT'S INFORMATION

First Name		Last Name	
Preferred Name (If different)		Date of Birth (YYYY/MM/DD)	
Home Address		City	
Province		Postal Code	
Telephone / Cellular		Email	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	Spoken Languages	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: _____
Emergency Contact			
Relationship		Phone Number	

VOLUNTEER TYPE

General Volunteer Student

If student volunteer, please indicate:

School/Institution	
Program or Course (if applicable)	
Required Community Hours (if applicable)	

VOLUNTEER EXPERIENCE, SKILLS & INTEREST

Do you have any previous volunteer experience (if any):

Yes No

If yes, please list current or prior volunteer experience:

Please list any relevant work experience, training, or certifications:

If applicable, please list any affiliations with community or service organizations (e.g., Daughters of Isabelle, Knights of Columbus, etc.):

Please list your areas of interest (check all that apply):

- Patient visits
- Recreational or cognitive activities (card games, bingo, reading)
- Creative activities (art, knitting, music, crafts)
- Wellness or movement activities (light exercise, yoga, dancing)
- Baking
- Palliative care visits
- Gardening or outdoor support
- Special events
- Other: _____

AVAILABILITY

Please provide your availability below.

Days	Time	Weekly	Bi-Weekly	Monthly
Mondays	_____ to _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesdays	_____ to _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesdays	_____ to _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursdays	_____ to _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fridays	_____ to _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturdays	_____ to _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sundays	_____ to _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you be interested in participating in a monthly meeting to help plan and organize special activities?

Yes No

HEALTH & SAFETY INFORMATION

This information is collected to ensure patient safety and compliance with infection prevention requirements.

Are your immunizations up to date?

Yes No

Have you received the current seasonal influenza vaccine?

Yes No

If not, would you consider receiving it?

Yes No

Have you received a minimum of two (2) doses of a COVID-19 vaccine?

Yes No

CRIMINAL RECORD CHECK (VULNERABLE SECTOR)

Volunteers aged 18 and over are required to provide a current Vulnerable Sector Check as part of the screening process. Additional information and instructions will be provided if your application is considered. There is no cost to volunteers for obtaining the Vulnerable Sector Check.

Please indicate:

- I do not foresee any issues in obtaining a clear Vulnerable Sector Check.
- I foresee a potential issue and would like to discuss this further.
- N/A – I am under 18 years of age.

ACCESSIBILITY & ACCOMODATION

Do you require any accommodations to volunteer safely and comfortably:

Yes No

If yes, please describe:

This information is used only to support appropriate placement and accessibility.

REFERENCES

Please provide three volunteer or work-related references other than family or friends.

Reference Name		Relationship	
Phone Number		Email	

Reference Name		Relationship	
Phone Number		Email	

Reference Name		Relationship	
Phone Number		Email	

ELIGIBILITY, DECLARATION & CONSENT

Please review and confirm the following statements by signing below:

- I meet the minimum age requirement to volunteer at Sensenbrenner Hospital.
- I am dependable, honest, and able to work respectfully and collaboratively with others.
- I understand that I must comply with all hospital policies, including confidentiality, privacy, infection prevention and professional conduct requirements.
- I understand that volunteering requires reliability, appropriate appearance, and good personal hygiene.
- I am willing to complete all required screening, orientation, and training.
- I understand that submission of this application does not guarantee placement.

I certify that the information provided in this application is true and complete to the best of my knowledge. I consent to the collection, use, and disclosure of my personal information for the purpose of volunteer screening, placement and administration. I authorize Sensenbrenner Hospital to contact the references provided as part of this application.

Signature of Applicant		Date	
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PARENT/GUARDIAN CONSENT

Required for Volunteers Under 16 Years of Age

This section must be completed by a parent or legal guardian for any volunteer applicant under the age of 16.

I, the undersigned, am the parent or legal guardian of the applicant named in this application. I have reviewed the information provided and give my consent for my child to apply for and participate in volunteer activities at Sensenbrenner Hospital. I understand that my child must comply with all hospital policies, procedures, and expectations, including those related to confidentiality, privacy, safety, conduct and appearance.

I understand that volunteering does not guarantee placement and that participation is subject to successful screening, orientation, and ongoing suitability.

Parent/Guardian Full Name		Relationship to Applicant	
Phone Number		Email	

Parent/Guardian Signature		Date	
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