

VOLUNTEER SERVICES

Hillsborough Hospital PO Box 1929 Charlottetown, PE C1A 7N5

Phone: 368-5466

NAME:	
ADDRESS:	POSTAL CODE
HOME PHONE #	WORK PHONE #
SCHOOL OR OCCUPATION:	
EMPLOYER:	PHONE #
EMAIL ADDRESS:	BIRTHDAY (Optional)
CONTACT PERSON IN CASE OF AN EMERGE	ENCY:
PHONE # OF PERSON TO CALL IN CASE OF A	AN EMERGENCY:
WORK & VOLUNTEER EXPERIENCE:	
YOUR SPECIAL SKILLS, INTERESTS, HOBBI	ES:
,	
REASONS FOR WANTING TO VOLUNTEER A	AT HILLSBOROUGH HOSPITAL:
PLEASE CHECK THE TYPES OF VOLUNTEEI	R DUTIES IN WHICH YOU WOULD LIKE TO
PARTICIPATE:	
Walking Companion	Pet Therapy
Special Scheduled Events Volunteer	Visiting, reading, writing letters for patients
Assisting with Recreational Activities	Music Therapy
Image Enhancement	1:1 Companion
Tutor/Computer	Library
Pastoral Care	Other
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NAME TWO (2) REFEI	RENCES, OTHER THAN FAMILY:
1	PHONE:
2	PHONE:
PLEASE STATE ANY I	HEALTH PROBLEMS WHICH MAY INTERFERE WITH YOU BEING A
VOLUNTEER:	
PLEASE STATE ANY I	PREVIOUS EXPERIENCES WITH PERSONS WITH MENTAL HEALTH
LANGUAGES SPOKEN	J:
LANGUAGES WRITTE	EN:
TIME AVAILABLE FO	R VOLUNTEER ACTIVITIES:
VOLUNTEERS ARE RI	EQUIRED TO TAKE PART IN AN ORIENTATION TO THE HOSPITAL, ITS VICES, AND PROVIDE A RECENT POLICE SCREENING CHECK.
VOLUNTEERS ARE EX AND DIGNITY OF ALI	XPECTED TO RESPECT CONFIDENTIAL INFORMATION AND THE RIGHTS L PATIENTS.
DATE:	SIGNATURE: