



VOLUNTEER APPLICATION FORM

Thank you for considering a volunteer opportunity at South East Grey Community Health Centre. The South East Grey Community Health Centre is a non-profit organization committed to providing primary care services and health programs to the residents of the Municipalities of Chatsworth, Grey Highlands, Southgate and West Grey. Please submit your application form to Samantha Surujpaul via email samantha.surujpaul@segchc.ca Fax 519 986 3999 or Call 519 986 2222 ext 6384

GENERAL INFORMATION

Full Name: _____

Address: _____

City: _____ Province: _____

Telephone #: _____ Mobile #: _____

Email Address: _____ DOB: _____

Emergency Contact: _____ Relationship: _____ Contact #: _____

Other Emergency Information (Date of Birth, Medical Conditions, Allergies, etc.):

Please check how you learned about South East Grey Community Health Centre Volunteer Opportunities

- Patient Online School Other _____

VOLUNTEER AVAILABILITY

Monday	Tuesday	Wednesday	Thursday	Friday
___ - ___ am	___ - ___ am	___ - ___ am	___ - ___ am	___ - ___ am
___ - ___ pm	___ - ___ pm	___ - ___ pm	___ - ___ pm	___ - ___ pm

Select which location you would like to volunteer at:

- Markdale Dundalk (Erskine)

Current or Past Work, Volunteer or Education Experience

References: Please provide two references, their contact information, and relationship. The SEGCHC will **not** accept family members as valid references. _____ :

Name	Contact	Relationship

Select which type of volunteer position you are interested in:

- Walking Program Leader
- Volunteer Support at Minds in Motion
- Peer Leader for Seniors Exercise Program
- Program Volunteer (Pole Walking, Community Café, Y.U.M.)
- Garden Clean-up & Maintenance (Spring, Summer & Fall)
- Community Volunteer Income Tax Program
- Program Grocery Shopper
- English as a Second Language Program Support
- Clothing Swap Volunteer
- Penny Pinching Board
- Food Cupboard Volunteer
- Advisory Committees:
 - Representing older adults
 - Representing youth
 - Representing parents including those finding it difficult to make ends meet
- Other: _____

COMMUNITY SERVICE REQUIRMENT (STUDENTS ONLY)

Name of School: _____

School Contact Name/Contact Number: _____

Hours needed to meet requirement: _____ Deadline to meet requirement: _____

Completion Verification Letter Required? Yes No _____

Signature of Student: _____ Date: _____

Signature of Parent/Guardian (if under 18 years): _____ Date: _____

A current criminal reference check issued within 6 months of the start of a volunteer placement is a condition of volunteering with the South East Grey Community Health Centre .Volunteer positions in direct service delivery to children and/or vulnerable persons will also require a Vulnerable Sector Check.

The collection of personal information is limited to that which is relevant and necessary. The SEGCHC shall not make unwarranted or intrusive inquiries into a volunteer's personal life. The SEGCHC attributes all data that it collects. Personal information shall not be used or disclosed for purposes other than those for which it was collected, except with the consent of the individual or as required by law. Personal information shall be retrained only as long as necessary for the fulfillment of those purposes.

By signing below, I confirm that I have read and understand the above statement.

Signature

Date

**Thank you for your interest in the South East Grey Community Health Centre.
Please return this form to the Community Health Centre**