

**Select which location you would like to volunteer at:**

Markdale Dundalk (Erskine)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
| \_\_\_-\_\_\_am | \_\_\_-\_\_\_am | \_\_\_-\_\_\_am | \_\_\_-\_\_\_\_am | \_\_\_-\_\_\_am |
| \_\_\_- \_\_\_ pm | \_\_\_- \_\_\_ pm | \_\_\_- \_\_\_ pm | \_\_\_- \_\_\_ pm | \_\_\_- \_\_\_pm |

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

Patient  Online  School  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VOLUNTEER AVAILABILITY**

**GENERAL INFORMATION**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Province:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VOLUNTEER APPLICATION FORM**

**Everyone Matters**

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 form to Madison Wickens via email [madison.wickens@segchc.ca](mailto:madison.wickens@segchc.ca) or Fax 519 986 3669 or Call 519 986 2222 ext 6349

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

|  |  |  |
| --- | --- | --- |
| Name | Contact | Relationship |
|  |  |  |
|  |  |  |

**Current or Past Work, Volunteer or Education Experience**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 ( Summer Days of Play, Pole Walking, Community Café, Eugenia Community Café, Eugenia Games Night )

Garden Clean-up & Maintenance (Spring, Summer & Fall)

Community Volunteer Income Tax Program

Fall Fair Representative Volunteer

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*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**