



**Foundation of Chatham-Kent Health Alliance
Volunteer Application Form**

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Bus./Cell: _____

Email: _____

I am applying as: Adult Youth (High School)

What volunteer opportunity(ies) are you interested in?

**Please note: if your volunteer position requires you to work on-site at Chatham-Kent Health, you will be required to complete a Health Review and general orientation, as mandated by Chatham-Kent Health Alliance.*

- Office administration
- Special Events

What education and work experience do you have?

Do you have any other volunteer experience?

How did you hear about the Foundation's volunteer program?

- www.foundationckha.com
- Newspaper
- Brochure
- Chatham-Kent Health Alliance Employee
- Foundation of Chatham-Kent Health Alliance Volunteer
- School
- Volunteer Fair
- Other: _____

What days/times would you prefer (please check all that apply)?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 8:00 a.m. – 12:00 p.m.							
Afternoon 12:00 p.m. – 5:00 p.m.							
Evening 5:00 p.m.+							

Please list two (2) non-family references we may contact:

1. Name: _____ Phone: _____

How do you know this person: _____

2. Name: _____ Phone: _____

How do you know this person: _____

I hereby certify that all information included in this application form is true and complete.

I give consent to the Foundation of Chatham-Kent Health Alliance and/or the Volunteer Resources Department of Chatham-Kent Health Alliance to contact the above-mentioned references in connection with my application for volunteer work.

Applicant Signature

Date

If under 18 years of age, we require parental/guardian consent for application.

I understand that my child named in this application wishes to be considered for volunteer work and I hereby give my permission for them to serve in that capacity, if accepted by the Foundation of Chatham-Kent Health Alliance. I understand that they will be provided with orientation and training necessary for the safe and responsible performance of their duties and that they will be expected to meet all the requirements of his or her position, including regular attendance and adherence to Alliance policies and procedures. I understand they will not receive monetary compensation for their services contributed.

Parent/Guardian Name: _____

Relationship: _____

Signature: _____ Date: _____

Thank you for your interest in volunteering for the Foundation of Chatham-Kent Health Alliance.

**Please submit your completed Volunteer Interest Form to
the Foundation of Chatham-Kent Health Alliance:**

9 Ursuline Ave. · P.O. Box 2030 · Chatham, ON · N7M 5L9
Fax: 519.436.2550 · Telephone: 519.436.2538 · foundation@ckha.on.ca ·
www.foundationckha.com

*Also via.... inter-office mail and the Foundation's drop boxes located in the
Ambulatory Care and Emergency Departments and the riverscape hallway (overlooking the Memorial Healing Garden).*