



Cornwall Community Hospital
Hôpital communautaire de Cornwall

Date Submitted: _____

Volunteer Application

Thank you for your interest in volunteer opportunities at Cornwall Community Hospital!

PLEASE PRINT CLEARLY.

Family Name _____ First Name _____ Middle Initial _____

Address (No., Street, Apt., City, Province, Postal Code) _____

Email Address: _____

Home Phone _____ Cell or Business Phone _____

Date of Birth (yr/mm/dd): _____ Sex: Male Female

Language(s) Spoken: English French Other(s): Specify: _____

Please add copy of resume if available.

Emergency contact: _____
(Name & Number)

Interests at Hospital: *Meal Connections (Companionship & Hygiene at meal time) *Gift Shop *Projects
*Greeting & Information *Fundraising *Not Sure *Other _____
*Specific Department or Program Specify: _____

Days & times available:

Weekdays Weekends Flexible Schedule Projects (occasional / or as needed)

Reason you are interested in volunteering:

If you are a Student, please check the appropriate level of study and complete the following:

Secondary Student Current Grade: _____; or

Post Secondary Student Program: _____ Year: _____

References:

Name _____ Name _____

Telephone _____ Telephone _____

Email _____ Email _____

Signature of Applicant: _____

ALL APPLICANTS MUST PROVIDE A VULNEALBE SECTOR CRIMINAL RECORD SEARCH.