



Cornwall Community Hospital
Hôpital communautaire de Cornwall

Date Completed: _____

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) _____

Home Phone _____ Cell or Business Phone _____

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

Emergency contact: _____
(Name & Number)

Interests:

Greeting & Information Fundraising Projects Not Sure Other _____
(Specify)

Days & times available:

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

Reason you are interested in volunteering: **Please check if you are a student**

References:

Name _____ Name _____

Telephone _____ Telephone _____

Email _____ Email _____

Signature of Applicant: _____

ALL APPLICANTS MUST PROVIDE A VULNERABLE SECTOR CRIMINAL RECORD SEARCH.