ROSS MEMORIAL
HOSPITAL AUXILIARY

10 Angeline St. N
Lindsay, ON K9V 4M8
705-324-6111 Ext. 4530

Thank you for your interest in volunteering with the Ross Memorial Hospital Auxiliary.

The following information outlines what is required to volunteer with the Ross Memorial Hospital Auxiliary. Please note that many of the volunteer programs run only during the day. Weekend and evening placements are somewhat limited. Applications will be kept on file for three months.

Criteria to Volunteer:

- We require our new volunteers to make a minimum commitment of 3-4 hours per week, in order to meet our expanding Auxiliary needs.
- All of our adult volunteers must be 20 years of age or older.

Volunteer Opportunities are available in:

Retail - These Volunteers work in the Auxiliary Café or Gift Shop, serving patients, staff and visitors.
Patient Care – These Volunteers work in the medical or support areas of the hospital and generally have more contact with patients and staff.
Administration – These Volunteers work in areas without direct patient contact in order to support staff.

Process to Volunteer

- Complete and return the application form to the Director of Volunteer Services.
- The Director of Volunteer Services will contact you with the status of your application, within two weeks of receiving it.
- You will have an interview, to determine a volunteer position which best matches your skills, interests and availability.
- Your references will be contacted. (one personal, one professional)
- You will be required to have a police check completed at our expense.
- All new volunteers must pay a $10 membership fee to offset administration costs.
- Successful candidates will attend an orientation.
- You may be required to have a 2-step TB. (Tuberculosis) test and a blood test for communicable diseases, i.e. measles, mumps, rubella and chicken pox.
- All new volunteers will receive training with an experienced volunteer.
- We encourage you to purchase your uniform. (approx. $15)
- You will receive a photo ID badge which must be worn at all times, with your uniform, while on duty.

When training is complete, and all "Process to Volunteer" requirements have been met, you will be assigned a permanent shift and officially be volunteering with the Ross Memorial Hospital Auxiliary.

If you have any further questions, please call the Auxiliary Director of Volunteer Services at 324-6111 Ext. 4530.

Adult Volunteer Application

R.M.H. Auxiliary
10 Angeline St N
Lindsay, ON K9V 4M8
705-324-6111 ext. 4530

FOR OFFICE USE ONLY
Date of Application: _____ Membership:
Date of Interview: _____ Uniform:
Orientation: _____ 1st Health screening:_____
Placement: _____Day: _____ Time: _____

Name: _____ Phone#:_____
Last First
Present Address: _____ City: _____Postal Code: _____
Email: _____

Are you 20 years of age or older? _____
Emergency Contact:
Name: _____

Do you have any physical limitations which may affect your Volunteer placement?

Hearing Lifting Walking Standing Other

Experience:

Work: _____
_____

Volunteer Involvement:_____
_____

Skills/Interests:_____
_____

Volunteer Service Area Desired: (please circle area(s) of interest)

Patient Care Administrative Lottery

Café Gift Shop Information Desk

Times Available: Morning Afternoon Evening

Days Available: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Over ->

References:
Please list the names of two individuals (excluding family members) who have known you at least 1 year and who can attest to your character, skills and dependability.

Reference #1

Name: _____Relationship:_____

Phone: _____ Daytime:_____ Evening:_____
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Reference #2

Name: _____Relationship:_____

Phone: _____ Daytime:_____ Evening:_____

Please read the following carefully before signing this application.

Volunteer Commitment/Agreement
I agree to provide regular and dependable volunteer service, and will adhere to the policies of the RMH and the RMH Auxiliary, with particular attention to the Hospital Policy on Confidentiality. I understand that information on my application will be verified by RMH Auxiliary. I authorize RMH Auxiliary to contact and receive information from the references listed. I understand this is an application for and not a commitment or promise of volunteer opportunity. I understand that any misrepresentation made by me in connection with this application will be cause for my immediate rejection as an applicant for a volunteer position with RMH Auxiliary or my termination as a volunteer.

_____ _____

Applicant's Signature: Date: