

Thank you for your interest in volunteering at the Perth and Smiths Falls District Hospital. I assist with coordinating volunteers for both of our hospital sites, and I am happy to answer any questions you may have.

Attached to this email, you will find a volunteer application form.

Once I have reviewed your application form, I will proceed to send it to the Convenor in charge of the area you are interested in. The Convenor will contact you to go over what is involved in the area you have expressed interest in, and will then confirm that you are comfortable and happy with what is involved in that area.

After your meeting, if you and the Convenor are happy to proceed, the approved volunteer application will be sent back to HR to proceed with the next steps. There are several forms to review including an up-to-date Criminal Records Check (within six months of application date), a Pledge of Confidentiality Form, Code of Conduct Form and a Health and Immunization History Form.

As part of our hospital policy, all employees and volunteers are required to provide proof of at least two doses of the COVID-19 vaccine. Please email your proof of vaccination to occhealth@psfdh.on.ca.

Once I receive confirmation from Occupational Health that you are cleared to volunteer, I will reach out to schedule a time for you to come onsite to complete the onboarding paperwork and meet with our Occupational Health Team.

Thank you again for your interest in supporting our hospital!

Best regards,

Sarah Simmons

HR Business Partner

Perth and Smiths Falls District Hospital

Phone: 613-283-2330, ext. 1265

Volunteer Application Form

Personal Information:

- **First Name:** _____
- **Last Name:** _____
- **Date of Birth:** _____
- **Address:** _____
- **City:** _____
- **Postal Code:** _____
- **Phone Number:** _____
- **Email Address:** _____

Emergency Contact Information:

- **Emergency Contact Name:** _____
- **Phone Number:** _____

Site Preference:

Please indicate which site you are interested in volunteering at:

- ☐ Smiths Falls Site
- ☐ GWM (Perth) Site

Area of Interest:

Please check the areas where you are interested in volunteering:

- ☐ Meal Assistance (Both Sites)
- ☐ Information Desks (Both Sites)
- ☐ Gift Shops (Both Sites)
- ☐ Tea and Toast (Both Sites)
- ☐ Clinics (Both Sites)
- ☐ Portering (GWM)
- ☐ Crafts (GWM)
- ☐ Executive (GWM)
- ☐ Public Relations (GWM)
- ☐ Communication Committee (GWM)
- ☐ Friendly Visiting (GWM)

Availability:

Please indicate your availability for volunteering:

- **Monday:** ☐ Morning ☐ Afternoon ☐ Evening
- **Tuesday:** ☐ Morning ☐ Afternoon ☐ Evening
- **Wednesday:** ☐ Morning ☐ Afternoon ☐ Evening
- **Thursday:** ☐ Morning ☐ Afternoon ☐ Evening
- **Friday:** ☐ Morning ☐ Afternoon ☐ Evening

Annual Fee:

- ☐ I understand that the Smiths Falls Auxiliary has an annual fee of \$5.
- ☐ I understand that the GWM Auxiliary has an annual fee of \$10.

Commitment and Consent:

By checking this box, I commit and consent to the following:

- ☐ I agree to have my name, telephone number, and email address shared with fellow volunteers, as required.
- ☐ I confirm that I am over the age of 16.
- ☐ I will return my ID badge and uniform when I am no longer a volunteer.

Consent and Signature:

By signing below, I consent to the use of my personal information for the purposes of volunteer placement at the Perth and Smiths Falls District Hospital. I understand that providing false information or failing to disclose relevant information could result in disqualification from the volunteer program.

- **Signature:** _____
- **Date:** _____