**Rideau Community Health Services**

**Volunteer Profile/Application Form**

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| **THIS SECTION TO BE COMPLETED BY MANAGER/SUPERVISOR** |
| **Volunteer Role:**       **Department/Program:**      * Please check applicable Police Records Check (ref to VOL 10 Procedure 4. f.):
	+ Vulnerable Sector Check must be provided: Yes[ ]  No [ ]
	+ Criminal Record Check required: Yes[ ]  No [ ]
* Valid Driver’s License must be provided: Yes[ ]  No [ ]
* Proof of COVID Vaccination required and copy sent to HR hr@rideauchs.ca Yes[ ]
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| **THIS SECTION TO BE COMPLETED BY VOLUNTEER** |
| **PERSONAL CONTACT INFORMATION:** |
| First Name:       | Last Name:       |
| Date of birth:       |
| Mailing Address:       |
| City:       | Province:       | Postal Code:       |
| Home Phone:       | Cell Phone:       |
| Email Address:       |
| **EMERGENCY CONTACT INFORMATION:** |
| 1. Name:
 | Relationship:       |
| Home #:       | Work #:       | Cell #:       |
| 1. Name:
 | Relationship:       |
| Home #:       | Work #:       | Cell #:       |
| **ALLERGIES – HEALTH INFORMATION**  |
| If applicable:       |
| **REFERENCES:** |
| 1. Name:
 | Relationship:       |
| Address:       |
| Telephone #:       | Email:       |
| 1. Name:
 | Relationship:       |
| Address:       |
| Telephone #:       | Email:       |
| **WORK EXPERIENCE:** |
| Resumé provided: Yes[ ]  No [ ]   |
| 1. Employer:
 | Date of Employment:        |
| Department/Position:       |
| 1. Employer:
 | Date of Employment:        |
| Department/Position:       |
| **EDUCATIONAL BACKGROUND:** |
| High School (last grade completed):       | Post-Secondary (please specify):        |
| Other Certification:       |
| **PREVIOUS VOLUNTEER EXPERIENCE:** |
| Organization:       | Date:        |
| Assignment/duties:       |
| **AVAILABILITY:** |
| **Select your available days and times available** (example: from: 8:30 am to: 4:30 pm): |
| **Monday:** Yes[ ]  No [ ]  **Tuesday:** Yes[ ]  No [ ]  **Wednesday:**  Yes[ ]  No [ ]  **Thursday:** Yes[ ]  No [ ]  **Friday :** Yes[ ]  No [ ]  **Saturday:** Yes[ ]  No [ ]  **Sunday:** Yes[ ]  No [ ]   | from:       to:      from:       to:      from:       to:      from:       to:      from:       to:      from:       to:      from:       to:       |

**By signing below, I agree to the terms of engagement with RCHS, my volunteer duties and, certify that the information provided in this form is true, correct, and complete.**

**Volunteer Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Please submit completed Volunteer Profile/Application form to*: HR@rideauchs.ca