**Text

Description automatically generatedRideau 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](mailto: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](mailto:HR@rideauchs.ca)