

VOLUNTEEN APPLICATION – 2026-2027 (STUDENTS 14-18 YEARS)

Please indicate which site you are applying to:

☐ Alexandra Hospital, Ingersoll (AHI) ☐ Tillsonburg District Memorial Hospital (TDMH)

Name: _____ Date of Birth: _____
(dd/mm/yyyy)

Address: _____

Phone: _____ Email: _____

School: _____ Grade: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Have you volunteered at AHI or TDMH previously? ☐ YES ☐ NO If yes, year: _____

Do you have a part time job? ☐ YES ☐ NO Work Experience: _____

Do you have an interest in a career in healthcare? YES NO If yes, what type of career are you interested in? (i.e. nursing, x-ray, laboratory etc.)

What are your hobbies or interests?

Why do you want to be a member of the Volunteer Program at AHI/TDMH?

Are you interested in volunteering for the school year only or for the entire year (check below)?

SCHOOL YEAR ☐

ENTIRE YEAR ☐

REFERENCES

Please list the name, address and email address of 2 persons (No Relatives) whom you have known for at least 2 years and whom we may contact for references. We would prefer references such as: A personal reference, a previous employer and/or a reference from an agency where you have volunteered before (if applicable) or a Teacher.

Name: _____

Name: _____

Town: _____

Town: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Reference Check Authorization

I hereby authorize the persons named on the registration form to complete a reference check on me with the Volunteer Services Department of RRHS.

Volunteer Signature

Date

VOLUNTEER GUIDELINES

- A volunteer may not give any medical advice or recommendations to patient/families even though they may possess the personal educational knowledge.
- Volunteers will refuse any monies, gifts or items that would lead to any personal gain.
- Any accident/incident incurred by a volunteer must be reported immediately to the Coordinator of Volunteer Services or the person in charge of the area where you are working. An unusual occurrence form will be completed.
- Volunteers may act as a patient advocate by bring their concerns to the Coordinator of Volunteer Services, to a member of the Volunteer Services Executive or to the Director of Patient Services.
- Volunteers will refrain from promoting religious views or beliefs to patients/families.
- Volunteers will refrain from marketing their own services.
- Volunteers will refuse to sign or witness any legal documents.

***If accepted** as a member of the Volunteer Program at RRHS, I agree to commit myself to the Volunteer Program, I agree to observe the program's dress code requirements at all times while on hospital premises. I further agree to observe RRHS privacy and confidentiality requirements, maintain a high standard of conduct and observe all Hospital rules and regulations. I pledge that I will represent myself, and my school, to the best of my ability. I understand that failure to abide by these requirements will result in my termination from the Volunteer Program.*

Volunteer Signature

Date

If you have any further questions, please contact:
Volunteer Coordinator ~ Alexandra Hospital & Tillsonburg District Memorial Hospital
Volunteer.Services@rrhs.ca ~ 519-842-3611 ext. 8234