

South Muskoka Hospital Foundation

Volunteer Application Form

First & Last Name: _____

Street Address: _____

City: _____ Postal Code: _____ Phone Number _____

Email: _____ Date of Birth: _____

Do you have skills, special interests or experience that you would like us to consider when placing you into an appropriate volunteer position?

Here are some of the volunteer positions we offer. Please check the ones you would be most interested in.

- ☐ Office help (routine office tasks on a specific day of the week).
- ☐ Events (fundraising events, community get-togethers, celebratory events).
- ☐ Fundraising (may involve telephone calls, writing thank you notes or grant writing).
- ☐ Communications (writing copy for publications and fundraising messages. Social media experience appreciated.)

What days are you usually available? Mon: ☐ Tues: ☐ Wed: ☐ Thurs: ☐ Fri: ☐ Sat: ☐

How many hours are you available per month?

Do you prefer: Mornings ☐ Afternoons ☐ Evening Events ☐ Weekend Events ☐

How did you hear about volunteering with South Muskoka Hospital Foundation?

Word of Mouth ☐ Hospital Staff ☐ Foundation Staff ☐ Social Media ☐ Other ☐

Please describe any physical limitations that may impact your volunteer work that you feel we should be made aware of:

Emergency contact: _____

Name: _____ Phone: _____

Relationship: _____

Liability Release: *As a volunteer of the South Muskoka Hospital Foundation, I agree to abide by all policies and procedures spelled out in the volunteer handbook which I will be provided upon volunteer application acceptance. I understand that I volunteer at my own risk and neither the organization nor its employees assume any liability for any accidental injury or health problems arising from volunteer work I perform for the organization. I agree that all work I do is on a volunteer basis, and I am not eligible to receive any monetary payment or reward.*

Signature: _____

Date: _____

(Parent or guardian if under 18)