

WESTERN HEALTH VOLUNTEER APPLICATION

PLEASE CHECK (✓) THE FACILITY WHERE YOU WANT TO VOLUNTEER

- Dr. Charles L. LeGrow Health Centre
- Bonne Bay Health Centre
- J.I. O'Connell Centre
- Calder Health Care Centre
- Sir Thomas Roddick Hospital

- Corner Brook Interfaith Home
- Western Memorial Regional Hospital
- Bay St. George Long Term Care Centre
- Rufus Guinchard Health Centre

Name: _____
Address: _____

Telephone: _____ (Home)
_____ (Other)

Postal Code: _____
Name of Next of Kin: _____

Date of Birth: _____

Relationship: _____

Telephone: _____ (Home)
_____ (Other)

REFERENCES: REFERENCES MUST NOT BE FAMILY MEMBERS

Name: _____
Address: _____
Telephone: _____

Name: _____
Address: _____
Telephone: _____

Do you have a Class 4 Driver's License? Yes ___ No ___ License #: _____

Days Available

Hours Available

Monday

Tuesday

Wednesday

Thursday

Friday

I would like to volunteer _____ days per week.

Please describe the reason you wish to volunteer:

**** PLEASE COMPLETE THE ATTACHED CRIMINAL RECORDS SCREENING APPLICATION AND RETURN ALONG WITH YOUR VOLUNTEER APPLICATION TO THE FACILITY INDICATED ABOVE. THERE WILL BE NO COST TO THE APPLICANTS FOR THE CERTIFICATE.**

DATE

SIGNATURE OF APPLICANT