

SheerHealth Family and Walk-In Clinic

1476 Aldersbrook Road, London ON. N6G 0P5

Tel : 519 474 7300

Fax: 519 474 7309

Volunteer Application Form

| | | |
|---------------|----------|---------|
| Full Name: | Age: | Gender: |
| Phone Number: | Address: | |

How did you hear about the SheerHealth Medical Clinic?

| | | |
|--|--|----------------------------------|
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Another Volunteer | <input type="checkbox"/> Walk-in |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Other (please specify): | |

Describe your main reasons for volunteering (check all that apply)

| | | |
|--|---|---|
| <input type="checkbox"/> Desire to help others | <input type="checkbox"/> Interest in community involvement | <input type="checkbox"/> Gain experience and develop skills |
| <input type="checkbox"/> Meet people and network | <input type="checkbox"/> Establish a work record and build resume | <input type="checkbox"/> Other (please specify): |

When are you available? (Check all that apply)

| | |
|---|---------------------------------------|
| <input type="checkbox"/> Regularly – Once or twice weekly | <input type="checkbox"/> Once a month |
| <input type="checkbox"/> Projects – One to three months | <input type="checkbox"/> For one year |

Check the days and time that you are available

| | Mon | Tue | Wed | Thu | Fri |
|-----------|-----|-----|-----|-----|-----|
| Morning | | | | | |
| Afternoon | | | | | |

Are you currently a student? Yes or No

| | |
|---------|--------|
| School: | Grade: |
|---------|--------|

Are you currently employed? Yes or No

| |
|-------------------|
| Position/ Title: |
| Employer: |
| Employer Address: |

If you are currently employed, please provide us with your resume. If you do not have a resume, please provide us with a list of your work experiences.

Applicant Signature

Date

If you are a minor (below 18 years of age), please provide us with your parent's consent and signature.

| | |
|----------------------|------------------------------|
| Full Name of Parent: | Address: |
| Telephone: | Relationship with Applicant: |

I _____, parent /guardian of _____ give my consent to employ my son/daughter as a volunteer in your organization.

Signature of Parent if the applicant is a minor
(below 18 years of Age)

Date

