Calgary Health Trust

Submit by Email

Volunteer Application

The Calgary Health Trust is committed to building strong partnerships with donors, volunteers and health professionals that are characterized by integrity, accountability, creativity and results. We believe strongly in matching donor interests with health care priorities, ultimately making a difference and improving the quality of life for the residents of Calgary and southern Alberta.

We are grateful for the donation of time, talent and energy by our volunteers. We could not do it without you.

◯ Mr ◯ Ms ◯ Mrs ◯ Miss

First Name _____ Last Name _____

Address _____

City _____ Province (eg.AB): _____ Postal Code (eg. X0X0X0) _____

Home Phone (eg. 4035551234) _____ Business Phone (eg. 4035551234) _____

Cell Phone (eg. 4035551234) _____ E-Mail Address _____

Approximate Age _____ Are you bondable? ◯ Yes ◯ No

Background Information

How did you hear about the Calgary Health Trust (CHT)?

◯ Hospital Visit/Stay ◯ Newspaper ◯ CHT Website ◯ TV/Radio ◯ Friend/Family ◯ Other

If other, please specify: _____

Describe your reasons for wanting to volunteer for the CHT.

_____

Highest Level of Education Completed: ☐ High School ☐ College ☐ University ☐ Post Graduate ☐ Technical Certification

Diploma / Degree Received / Level Completed:

_____

Specialized course / training and, if a post-secondary student, please indicate what program and year you are currently enrolled in.

_____

Availability & Areas of Interest

How long do you intend to be involved? ☐ Less than 1 year ☐ 1 - 3 Years ☐ Long term commitment

Approximately how many hours per week / month are you able to volunteer?

In order to assist us in matching you with the best available volunteer position, please indicate which area(s) you are interested in volunteering for. Please check all that apply.

- ☐ Special Events (various duties - for list of current & upcoming events click here: http://www.calgaryhealthtrust.ca/events/)
- ☐ Administrative (e.g. data entry, reception, phoning, file maintenance, photocopying within an office environment)
- ☐ Leadership (e.g. Event Committees, Board Members, Governance)

Do you have any other major time commitments that you would like to share with us?

Please indicate your availability below for Mornings and/or Afternoons:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning From							
Morning To							
Afternoon From							
Afternoon To							

Due to the nature of our Special Events, would you be available to volunteer for late evening shifts? ◯ Yes ◯ No

Please indicate your availability below for Special Events Evening / Late Evening Shifts:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Evening From							
Evening To							

Work & Volunteer Experience

Are you currently employed?: ◯ Yes ◯ No ☐ Seeking Work ☐ Retired ☐ Student ☐ Other

Occupation

Employer

Volunteer History

Organization: How long?: Currently Volunteering for? ◯ Yes ◯ No

Organization: How long?: Currently Volunteering for? ◯ Yes ◯ No

Organization: How long?: Currently Volunteering for? ◯ Yes ◯ No

Skills & Experience

Special Interests, Skills, Hobbies

Community Memberships or Affiliations

Special Certifications (i.e. CPR)

Other relevant skills

What strengths do you bring to the CHT?

Emergency Contact

Name Relationship Phone

References

Please provide two references: a current and / or previous employer and a character reference. If you do not have an employer reference, you may use a volunteer supervisor, a professor or if you are self employed, you may use a client or business partner. A character reference is anyone other than a family member who knows you well. It could be a work colleague, a close friend, or your doctor. Please inform your references that we will be contacting them.

References must have known you for at least 2 years and be at least 19 years old.

Employer (Company Name)

Length of time employed Supervisors full name

Business Address

City Province Postal Code

Business Phone eg. 4035551234: Business E-mail

Character Reference's Name

Relationship Length of relationship

Address

City Province Postal Code

Home Phone eg. 4035551234: Work Phone eg. 4035551234:

E-mail

Volunteer Responsibilities

1. Complete the Volunteer Application Form
2. Participate in an interview
3. Complete the Volunteer Orientation & Training sessions

As a condition of volunteering, I give the Calgary Health Trust (CHT) permission to conduct a background check on me, which may include criminal background check and / or reference check. I understand that, if appointed, my position is conditional upon the CHT receiving no inappropriate information on my background.

By submitting this form, I certify that the statements provided by me are true, and accurate to the best of my knowledge. I understand that any falsification on the application will result in my not being considered for a volunteer position with the CHT.

I acknowledge and accept that this application does not guarantee acceptance into the program, and that the CHT is under no obligation to accept or assign me as a volunteer in their program, and is not obliged to provide a reason. I understand that the volunteer / organization relationship can end at any time by either group.

I hereby release rights to photographs, video and / or statements taken by CHT to use in possible promotional or educational materials, including the CHT's web site.

Once the Volunteer Coordinator has received both your application, and two references, you will be called for an interview.

Applicant Name

Date (DD/MM/YYYY)

Submit by Email

Thank you for your interest in volunteering with the Calgary Health Trust.
The Volunteer Coordinator will contact you shortly to schedule an interview.

The Calgary Health Trust respects your privacy. We do not rent, sell or trade our donor lists. Your personal information will be used to prepare income tax receipts and keep you informed of our charitable work, funding needs and opportunities to volunteer or give. The information collected allows us to better match you with available volunteer opportunities.

You can be removed from our contact list at any time by calling us at 403-943-0615