

VOLUNTEER SERVICES APPLICATION

Colchester-East Hants ~ Cumberland ~ Pictou

NSHA is committed to promoting and providing equitable health for all and to have a diverse workforce and a culture of belonging. Expectations from NSHA staff, volunteers, patients and families are to respect every patient, resident, client and family member, regardless of their difference in race, age, religion, ethnicity, place of residence, gender, disability and educational background. NSHA wishes to contribute to a diverse, equitable and respectful environment and workplace of healing, belonging, and to provide services without discrimination. NSHA is committed to ensuring diversity in the workplace by supporting initiatives that promote the equitable participation of Aboriginal People, African Nova Scotians and other Racially Visible Persons, Persons with Disabilities and Women.

Please select the location (s) where you are interested in volunteering:

- Aberdeen Hospital
 - All Saints Springhill Hospital
 - Bayview Memorial Health Centre
 - Cumberland Regional Health Care Centre
 - North Cumberland Memorial Hospital
 - Sutherland Harris Memorial Hospital
- Community Health Boards
 - Community Based Services
 - Colchester East Hants Health Centre
 - Lillian Fraser Memorial Hospital
 - South Cumberland Community Care Centre

Date of Application: _____
Year / month / day

Name: _____
Last First Initial

Phone: _____
Home Business Other (Cell)

Email: _____

Mailing Address: _____
PO Box, Street Name & Number, RR # Apt. #

_____ City, Town Province Postal Code

- Employed Retired Other

Please explain: _____

- High School Student

Name of School: _____ Grade Level: _____

Expected Graduation Year: _____

Post Secondary Education

Name of School: _____ Current year of study: _____

Expected Graduation Year: _____ Degree: _____

ESL (English as a second language)

ICEAP Level completed: _____

SKILLS:

Please identify any additional languages that you speak and/or write fluently:

Please check what types of training or skills you have:

- | | |
|---|---|
| <input type="checkbox"/> Working with persons with disabilities | <input type="checkbox"/> Nursing / Patient Care |
| <input type="checkbox"/> Working with the elderly | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Recreation / Games | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Exercise / Fitness |
| <input type="checkbox"/> Retail / Sales | <input type="checkbox"/> Computer |
| <input type="checkbox"/> CPR or First Aid | <input type="checkbox"/> Hospitality / Customer Service |
| Date: _____ | <input type="checkbox"/> Working with children |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Musical Instrument(s): _____ |

Membership in Clubs / Organizations / Hobbies / Special Interests / Volunteer Experience:

How did you find out about volunteer opportunities?

- | | |
|---|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Brochure |
| <input type="checkbox"/> NSHA website | <input type="checkbox"/> Church bulletin |
| <input type="checkbox"/> Hospital staff | <input type="checkbox"/> Presentations |
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Community bulletin board |
| <input type="checkbox"/> School | <input type="checkbox"/> Radio/Television ad |
| <input type="checkbox"/> Kijiji Ad | <input type="checkbox"/> Volunteer Fair |
| <input type="checkbox"/> Other: _____ | |

Why are you interested in becoming a Volunteer? _____

Do you have any physical or health limitations that may prevent you from performing any specific volunteer role or part thereof?

Yes No If yes, please describe: _____

Volunteer work preferred: _____

Most volunteer programs require a minimum commitment of 6 months. There may be opportunities that are more flexible, depending on the program and time of year.

Availability:

_____ Day(s) Time(s)

_____ Day(s) Time(s)

_____ Day(s) Time(s)

Is there a period of time within the next six months that you are unable to volunteer?

References: Please give the names and contact information of two references, not relatives, who know your qualifications and can vouch for your character.

_____ Name Home Phone Work Phone

_____ Email Relationship

_____ Name Home Phone Work Phone

_____ Email Relationship

Emergency Contacts:

_____ Name Phone / Alternate Phone Relationship

_____ Name Phone / Alternate Phone Relationship

I give permission to use my written comments and/or photos for the purpose of developing and distributing promotional materials

Yes No

In the event of an unusual situation or crisis in the community that impacts facilities and/or operations, would you be interested in assisting with various tasks that might be required, such as: running errands, sitting with patients and/or families, directing the public and assisting staff as required?

Yes No