



HEADWATERS
Health Care Centre
ORANGEVILLE AUXILIARY

Volunteer Application Headwaters Health Care Centre Auxiliary

Applicants must be at least 18 years old.

Please print clearly in the spaces provided below:

Name: _____

Address: _____

Street / Apt. No.: _____

City / Town: _____ Postal Code: _____

Telephone: (Day): (____) _____ (Evening): (____) _____

E-Mail address: _____

Current Occupation: _____

Reason for wanting to become a Volunteer:

Special Skills:

References: Please supply two names we may call. These references should not be family members and should have known you a minimum of two years. At least one must be a church Minister, Pastor or other religious leader, lawyer, dentist, police officer, or current HHCC Auxiliary member. For Student Volunteers, one reference must be a teacher.

1. Full Name: _____ Relationship: _____

Title: _____

Address: _____

Telephone: (Day):(____) _____ (Evening):(____) _____



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2. Full Name: _____ Relationship: _____

Title: _____

Address: _____

Telephone: (Day):(____) _____ (Evening):(____) _____

Availability: Please indicate which days of the week and hours you are available to volunteer

| Time of shift | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|---------------|-----|------|-----|-------|-----|-----|-----|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

In due course, would you be interested in a Convenorship? ___ an Executive position? ___

Please note: There is an annual membership fee of \$5 or students \$2.50. This must be paid at the time of interview and then yearly by March 31st. This fee is used to defray administration costs and pay for the Auxiliary newsletter. All volunteers are required to pay their membership fee and purchase their uniform at the time of their interview (apron, vest or jacket – prices range from \$20 - \$30). Students may return their uniform for a refund at the end of their tour of duty. All volunteers must pay their dues, purchase their uniforms and receive their identification tags prior to the start of their training and initial shifts.

Signature: _____ Date: _____

***** **FOR AUXILIARY USE ONLY** *****

References Checked (dates) 1. _____ 2. _____

Orientation Date: _____

Fees Paid: _____ Confidentiality & Privacy Forms Signed: _____

Photo ID Issued: _____ Parking Card Issued: _____

Card completed: _____ Entered in book: _____

Assigned to: (Service / Program) _____

Convenor Advised: (date) _____

Signature of Volunteer Coordinator: _____

Date: _____