



## Volunteer Application

Thank you for your interest in applying to be a Volunteer at the Northumberland Hills Hospital Foundation. By doing so, you are making a commitment to join a dedicated team of enthusiastic volunteers and staff committed to improving health care for our community.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### Availability

During which hours are you available for volunteer assignments? (check all that apply)

- |  |   |  |
|--|---|--|
| <input type="radio"/> Weekday mornings           | <input type="radio"/> Weekday afternoons        | <input type="radio"/> Weekday evenings |
| <input type="radio"/> Weekend mornings           | <input type="radio"/> Weekend afternoons        | <input type="radio"/> Weekend evenings |
| <input type="radio"/> Please assign me as needed | Note: Volunteer shifts can range from 1-4 hours |  |

Are there any limitations that affect your volunteer work?  Yes (please fill in below)  No

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### Volunteer Experience

Which areas are you interested in volunteering (check all that apply)

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="radio"/> Administration         | <input type="radio"/> Events                 | <input type="radio"/> Fundraising |
| <input type="radio"/> Volunteer coordination | <input type="radio"/> Other (please specify) |                                   |

Please identify area(s) of expertise/contribution you feel you can make to further our mission:

- |  |  |   |
|--|--|---|
| <input type="radio"/> Fundraising        | <input type="radio"/> Finance/Accounting                           | <input type="radio"/> Administration/Management |
| <input type="radio"/> Community Service  | <input type="radio"/> Legal  | <input type="radio"/> Personnel/Human Resources |
| <input type="radio"/> IT/Technology      | <input type="radio"/> PR/Communications                            | <input type="radio"/> Government Relations      |
| <input type="radio"/> Governance         | <input type="radio"/> Health Care Systems                          | <input type="radio"/> Academics/Instruction     |
| <input type="radio"/> Nonprofit          | <input type="radio"/> Policy Development                           | <input type="radio"/> Special Events            |
| <input type="radio"/> Strategic Planning | <input type="radio"/> Knowledge of Northumberland County Community |   |

Other \_\_\_\_\_

March 23, 2018



Please list current or prior volunteer committees you serve on, or have served on:

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Indicate why you wish to volunteer and what you hope to gain in your volunteer experience?

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Please share any other information you feel important for considering your application:

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*Please note: Some volunteer roles require proof of age of 18.*

*Some volunteer roles require you to complete a Police Verification Check*

**Agreement and Signature**

Name (printed)\_\_\_\_\_

Signature\_\_\_\_\_

Date (mm/dd/yyyy)\_\_\_\_\_

Completed applications can be sent to [rcunningham@nhh.ca](mailto:rcunningham@nhh.ca) or by mail to:

NHH Foundation  
1000 DePalma Drive  
Cobourg, ON K9A 5W6  
Attention: Rhonda Cunningham

***Thank you for your interest!***

March 23, 2018