



Mental Health and Addictions Volunteer Services

*115 Deacon Grove Lane,
P.O. Box 1929 Charlottetown, PE C1A 7N5
Ph. 902-368-5482*

APPLICATION FORM

Name: _____ Pronoun _____

Date of Birth: _____ Phone: _____

Address: _____ Postal Code: _____

Email: _____

Current Employer: _____ Phone: _____

School/Occupation: _____

Emergency Name and Relationship Contact 1: _____ Phone: _____

Emergency Name and Relationship Contact 2: _____ Phone: _____

Language(s) Spoken: _____ Language(s) Written: _____

Are you willing to provide 4 or more hours a week to volunteer YES _____ NO _____

Please list your previous work & volunteer experience

Do you have any health problems, allergies, or restrictions that might affect your volunteer position.

Do you have any preference of location (example PCH, HH, QEH) to volunteer for mental health and addictions. _____

Please list any special skills/abilities that you would like to use in the volunteer position:

Please list the days & times that you are available for volunteer activities:

Do you have any allergies or health conditions that you would like us to be aware of?

PLEASE CHECK THE TYPES OF VOLUNTEER DUTIES IN WHICH YOU WOULD LIKE TO PARTICIPATE:
(Please list any other areas you are interested in under "Other" as there may be additional opportunities not listed)

Walking Companion	<input type="checkbox"/>	Assisting with redirection	<input type="checkbox"/>
Assisting with Literacy Training	<input type="checkbox"/>	Reading, writing with client	<input type="checkbox"/>
Developmental Services	<input type="checkbox"/>	Music Therapy	<input type="checkbox"/>
Occupational Therapy	<input type="checkbox"/>	1:1 Companion	<input type="checkbox"/>
Special Scheduled Events	<input type="checkbox"/>	Tutoring	<input type="checkbox"/>
Assisting with Recreational Activities	<input type="checkbox"/>	Computer Skills	<input type="checkbox"/>
Other: _____			

Please provide two (2) references, other than family members OR friends:

(1) Name:	Phone:	Relationship to applicant:
(2) Name:	Phone:	Relationship to applicant:

VOLUNTEERS ARE REQUIRED TO TAKE PART IN AN ORIENTATION/EDUCATION TO THE HEALTH PEI SITE (HOSPITAL, COMMUNITY CLINIC, ETC.), THE PROGRAMS AND SERVICES, AND PROVIDE A RECENT POLICE SCREENING CHECK INCLUDING VULNERABLE POLICE CHECK.
VOLUNTEERS ARE EXPECTED TO ABIDE BY THE VOLUNTEER SERVICES STANDARDS AND RESPECT CONFIDENTIAL INFORMATION AND THE RIGHTS AND DIGNITY OF ALL PATIENTS.

***Signature of Applicant:** _____

Date _____

Please return completed Volunteer Application Form to the Mental Health and Addictions Volunteer Services Coordinator by email at SLANNIGAN@IHIS.ORG OR in-person at Hillsborough Hospital (115 Deacon Grove Lane, Charlottetown PE) CALL 902-368-5482