



VICTORIA HOSPITALS  
FOUNDATION

*Giving makes us all better*

Wilson Block  
1952 Bay Street  
Victoria BC V8R 1J8  
Phone: 250-519-1750  
Fax: 250-519-1751  
www.victoriahf.ca

## Volunteer Application Form

Thank you for your interest in volunteering for the Victoria Hospitals Foundation. Please return this completed form to the contact information below.

### Personal Information

Dr.  Mrs.  Mr.  Ms. Preferred First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Business phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

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

Shirt size: \_\_\_\_\_ Dietary Restrictions (if any) \_\_\_\_\_

### Interests and Abilities

Why are you interested in volunteering for us? \_\_\_\_\_

\_\_\_\_\_

What type of volunteer work are you interested in? \_\_\_\_\_

\_\_\_\_\_

What skills, training or knowledge do you wish to highlight? \_\_\_\_\_

\_\_\_\_\_

What type of volunteer work would you like to do?  Events  Administrative/Office

When are you available to volunteer?

Time of Day: \_\_\_\_\_ Day of Week: \_\_\_\_\_ How often? \_\_\_\_\_

### Employment and Volunteer History

Volunteer:

Describe any previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**VICTORIA HOSPITALS**  
**FOUNDATION**

*Giving makes us all better*

Wilson Block  
1952 Bay Street  
Victoria BC V8R 1J8  
Phone: 250-519-1750  
Fax: 250-519-1751  
www.victoriahf.ca

**Employment:**

Are you currently employed:     Yes    No                       Full time    Part time    Casual

Current Employer: \_\_\_\_\_

**Reference**

Please provide one business or volunteer reference who has known you for at least 6 months: *(Please inform your reference that he or she may be contacted.)*

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

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

Business/Volunteer relationship to you: \_\_\_\_\_

**Emergency Contact**

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

Home phone (    ) \_\_\_\_\_ Business phone (    ) \_\_\_\_\_ Cell phone (    ) \_\_\_\_\_

\*\*\* Please read the following carefully before signing this application \*\*\*

I \_\_\_\_\_ (print your name) confirm that the information in this volunteer application is complete and true. I understand that a Criminal Record Check may be required for some positions. I authorize Victoria Hospitals Foundation to contact my references.

I understand and give permission for the Victoria Hospital Foundation to keep a record of my personal information.

I agree to keep confidential all information about donors, staff, Island Health and the Victoria Hospitals Foundation at which I volunteer.

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

**Please return the completed application to:**  
Victoria Hospitals Foundation  
Wilson Block 1952 Bay Street ♦ Victoria BC V8R 1J8  
Phone: 250-519-7700 ♦ Fax: 250-519-1751 ♦ E-mail: [VHFvolunteers@islandhealth.ca](mailto:VHFvolunteers@islandhealth.ca)

**THANK YOU!**