



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@VIHA.ca

THANK YOU!

Giving makes us all better