

Volunteer and Community Resources

YORK CENTRAL HOSPITAL

10 Trench Street, Richmond Hill, Ontario L4C 4Z3
Room # 5929 (905) 883-2057 phone (905) 883-2092 FAX
volunteers@yorkcentral.on.ca

Last name: _____ First name: _____ Initial: _____

Day Time Phone Number: _____

Have you ever volunteered at York Central Hospital before? YES NO If so, when: _____

In approximately 250 words, please describe how you would contribute to the quality of care at York Central Hospital. Please attach as a separate document.

Please put an "X" **all the times** you are available to volunteer. At the interview, we will choose only 1 or 2 shifts.

Please put	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Before 9 am							
9 to 12							
12 to 4							
4 to 6							
6 to 8							
after 8 pm							

Once you have been offered a volunteer position, you will need to provide a Vulnerable Sector Check through York Regional Police. The cost of this will be \$15.00

I declare that the above information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me or cause my dismissal.

Signed: _____ **Date:** _____

Students Only:

Please keep my application on file for the next: School Year Program Summer Program

The following statement must be signed by your parents if you are under 18 years of age:

I _____ give permission for my son/daughter _____

to volunteer at York Central Hospital. I will support my son/daughter in this undertaking, and will endeavour to help him/her to fulfill his/her commitment of the school year or summer program with a minimum of 50 hours of volunteer service to the hospital.

Signed: _____ **Date:** _____

Parent/Guardian