

# 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

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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" in **all of 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
7am – 9am							
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 \$20.00.

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:** \_\_\_\_\_

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## 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