**Summer Student Volunteer Program Application – St. Michael’s Hospital  
Page 1 of 2**

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| Application Deadline date  **Wednesday, April 13, 2022**  **at 4:30pm** | **Email** voldata@smh.ca  **Telephone** 416-864-5859  **Fax** 416-864-6081 | | St. Michael’s Hospital  4th Floor Donnelly Wing, Room 4-083  Toronto, Ontario M5B 1W8 |
| Please check the boxes and fill in the spaces below:  **Student status**  I am a post-secondary Student   * Enrolled in college or university programs and returning to school the following year * Available from May 2022 to end of August 2022 for a minimum commitment of   + 70 hours during the 4 summer months   + Two shifts per week (3  hours per shift) * At least 18 years of age   I am a high-school Student   * Enrolled in high-school and returning to high-school or post-secondary education the following year * Available from July 2022 to end of August 2022 for a minimum commitment of   + 70 hours for during the 2 summer months   + Four shifts per week (3  hours per shift) * At least 16 years of age required for all placements, with exception of the St. Michael’s Gift Shop –   + **Ages 14 years with completion of Grade 9 (by Summer 2022) & 15 years, will be accepted only for Gift Shop placements.** | | | |
| **Personal information**  First name: Click here to enter text. | | Last name: Click here to enter text. | |
| Age range:  14 to 15 years old (completed Grade 9 by summer 2022)  16 to 17 years old  18 years and older | | Email address: Click here to enter text.  Phone number: Click here to enter text.  City: Click here to enter text. | |
| Do you have any special considerations that we would need to accommodate?  No  Yes  If Yes, please provide additional information: Click here to enter text. | | | |
| **Education, work experience and previous volunteer activities**  **Please attach** your resume to this volunteer application to outline your education, work experience and volunteer experience and email both the resume and this application form to voldata@smh.ca. | | | |

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| **Application page 2 of 2 for First and Last name:** Click here to enter text. | | | | | |
| **Availability** (Please check days and times that you would be available to volunteer. Note that not all roles are available in all schedules) | | | | | |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Morning (Approximately 9am – 1pm) |  |  |  |  |  |
| Afternoon  (Approximately 1pm – 5pm) |  |  |  |  |  |
| **Declaration**  Have you had a relationship with St. Michael’s?  No  Yes, as a  Volunteer  Staff/Employee  Former Patient  Current Patient  Have you ever been convicted of a criminal offense for which a pardon has not been granted?  No  Yes  Please note that to volunteer with St. Michael’s, the applicant must have been a resident in Canada for a minimum of 12 months prior to applying and must have current medical coverage (OHIP or other).  St. Michael’s Hospital is committed to receiving and treating personal information in confidence. The information in this application is collected and used by and on behalf of the Hospital for the purposes of evaluating the applicant’s eligibility to participate in the volunteer program, making inquiries of third parties that are necessary to evaluate the applicant’s eligibility, and any correspondence or record keeping necessary to manage the volunteer’s relationship with the Hospital.  I hereby declare that all information provided in this application is true and accurate and I acknowledge and understand that any inaccuracy or misrepresentation will be grounds for being withdrawn from the volunteer program.  Signature Click here to enter text. Date: Click here to enter a date. | | | | | |
| If you are under the age of 18, a parent or guardian must consent to your participation in the volunteer program.  Name of parent/guardian: Click here to enter text. Signature/parent or guardian: Click here to enter text.  E-mail of parent/guardian Click here to enter text. | | | | | |

**Volunteer reference form**

*Please note that references must have known the applicant for a minimum of one year in a professional (non-personal) capacity (for example: supervisor, co-worker, teacher, coach, volunteer supervisor). Family, friends*

*and physicians are not eligible to be references. References may be contacted for additional information.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Reference information** | | | | | |
| Name | | Telephone # | | | |
| Email address | | City | | | |
| Occupation | | Company | | | |
| What is your relationship to the volunteer applicant? (e.g. employer, teacher, coach)  Click here to enter text. | | | | | |
| I have known the volunteer applicant for years. | | | | | |
| I have been asked to provide this volunteer reference for | | | Click here to enter text.  (name of volunteer applicant) | | |
| Volunteers at St. Michael’s are focused on providing compassionate service and support to our patients, families  and visitors. *In your own words, what makes the applicant a suitable candidate for volunteer service in a*  *hospital?*  Click here to enter text. | | | | | |
| Please comment on how well the Applicant exhibits the following characteristics of a good volunteer.  **(3 = excellent, 2 = good, 1 = area for improvement)** | | | | | |
| *Positive Attitude* |  | | | *Good Customer Service Skills* |  |
| *Good Communication Skills* |  | | | *Shows Initiative* |  |
| *Follows through on Commitments* |  | | | *Ability to Work Well with Others* |  |
| *Ability to Manage Stress* |  | | | *Compassionate Towards Others* |  |
| I understand that any willful misrepresentation made by me in connection with this reference will be sufficient  cause for the dismissal of the applicant from Volunteer Services. | | | | | |
| Signature Click here to enter text. | | | | Date Click here to enter a date. | |
| **Office Use Only: Reference contacted date: Initial:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_** | | | | | |

*St. Michael’s could not realize its mission and vision without volunteers.*

*Thank you for taking the time to provide this reference.*

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| I have known the volunteer applicant for years. | | | | | |
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