

APPLICATION FORM THE MONTREAL CHILDREN'S HOSPITAL

Glen Site - MUHC Volunteer Services BS1.2736 1001 Decarie, Montreal, Qc H4A 3J1 Tel: (514) 412-4400 local 22044 servicebenevoleshme@muhc.mcgill.ca

Last Name		First Name	
Address		Apt	
City, Province		Postal Code	
Home Tel #	Email	I.	
Cell #		of emergency contact	
Date of birth/day month	_/ Sav ·	□ Male	□ Female
Languages spoken: ☐ French	□ English		
Status			
□ L		☐ Presently working ☐ F	Retired
Last degree completed			

List previ	ous volunteer expe	erience (name	of Organiza	ition and durat	ion)?				
List your	experience with ch	nildren (paren	t, grandpare	ent, babysitting	, or other re	levant ex	perience)		
What do y	you hope to accom	plish here and	i feel you ha	ave to offer to	patients and	their fam	ilies?		
Please in	dicate all blocks o			M-dd-	Th	Feddan	Catanada	Conde	7
	8am-11am 11am-2pm 2pm-5pm 5pm-8pm	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	- - -
Programs			,						
 □ Greeting & Wayfinding □ In patients units □ Outpatient Clinics □ Oncology/Hematology □ Imagine/Read □ Emergency 									
Interests: ☐ Supportive presence (visit, active listening, etc.) ☐ Activity (reading, arts & crafts, games, ect.) ☐ Guide and Inform ☐ Other									
	nvolvement:								
\square Regular Volunteer Programs \square Special Events \square Replacement on call									
To volunt	teer at the Montre	eal Children's	Hospital, I	understand th	at I must:				
 Be at least 18 years of age (19+ for the Inpatient Units) Commit to 3 hours per week for a minimum of a 6-month period Agree to a police check Provide proof of mandatory vaccinations Provide a letter of reference(academic or professional) Be bilingual (functional French and English) 									
SignatureDate:									
Comment	ts								