



APPLICATION FORM

THE MONTREAL CHILDREN'S HOSPITAL

Glen Site - MUHC
Volunteer Services BS1.2724
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	
Cell #	Email		
Home #	Name and telephone # of emergency contact		
Date of birth ____/____/____ Day month year		Languages spoken: French <input type="checkbox"/> English <input type="checkbox"/>	
Other Languages spoken: _____			
Status			
Presently working <input type="checkbox"/> Student <input type="checkbox"/> Unemployed: <input type="checkbox"/> Retired <input type="checkbox"/>			
Field _____			
Last degree completed			
What motivates you to volunteer at the Montreal Children's Hospital?			

List previous volunteer experience (name of Organization and duration)?

List your experience with children (parent, grandparent, babysitting, or other relevant experience)

What do you hope to accomplish here and feel you have to offer to patients and their families?

Please indicate all blocks of availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
Evening							

Programs:

Navigation ☐ 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 ☐

Type of involvement:

Regular Volunteer Programs ☐ Special Events ☐ Replacement on call ☐

To volunteer at the Montreal Children's Hospital, I understand that I must:

- 1) Be at least 18 years of age (19+ for the Inpatient Units)
- 2) Commit to 3 hours per week to completing 50 hours within a 6 month period
- 3) Agree to a police check
- 4) Provide proof of mandatory vaccinations required by MCH
- 5) Provide a reference (Academic or Professional)
- 6) Be bilingual (functional French and English)

Signature _____ Date: _____

Comments