



APPLICATION FORM

The Montreal Children's Hospital
Glen Site - MUHC
Volunteer Services BS 1.2736
1001 Decarie, Montreal, Qc H4A 3J1
Tel: (514) 412-4400 local 22044
servicebenevoleshme@muhc.mcgill.ca

Please Print

<i>Please circle</i>	Last Name	First Name
Mr. Mrs. Ms. Dr. Other		
Address		Apt
City, Province		Postal Code
Home Tel #	Email (please print)	
Cell #	Work tel. #:	Tel # and name of person to contact in case of emergency _____
Date of birth ___/___/___ Day month year		Sex : Male <input type="checkbox"/> Female <input type="checkbox"/>
I am a full-time student <input type="checkbox"/> I am a part-time student <input type="checkbox"/> Field of study : _____ Institution presently attending: _____ Highest degree attained: _____ Describe future career plans: _____ _____ *****		
Presently working: <input type="checkbox"/> Name of employer: _____ Position held: _____ Retired since/from: _____ Languages spoken: _____ _____		
What appeals to you about volunteering here? _____ _____ _____		

How can volunteers best help parents here?

Have you had previous contact with the Montreal Children's Hospital? If so, in which context?

What do you think might be some important rules and regulations for volunteers here?

List previous volunteer experience (name of Organization and Duration) What you liked? What was challenging?

List experience you have had with children (parent, grandparent, babysitting, or other pertinent experience)
Which age groups:

What do you hope to accomplish here? What do you feel you have to offer?

To volunteer at the MCH I understand that I:

- 1) Must be at least 17 years of age (19+ for the wards)
- 2) Must commit to 3 hours per week for a 6-month period
- 3) Agree to a police check
- 4) Provide proof of mandatory vaccinations
- 5) Meet all the application requirements

Signature _____ Date: _____

Comments

Personal Reference (Parents, or family member)

Name _____ Relationship to you _____

Home tel. # _____ Cell# _____