



## SURREY HOSPITAL FOUNDATION

### Volunteer Application

Return completed application by email to [info@surreyhospitalfoundation.com](mailto:info@surreyhospitalfoundation.com), by fax to: 604 585-5550  
or mail to: Surrey Hospital Foundation, 13750 - 96 Avenue, Surrey, BC V3V 1Z2

Mr.       Ms.       Mrs.       Miss       Other \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Birthdate (optional)    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Age group:     Under 19     19 – 25     26 – 40     41 – 60     Over 60

Status in Canada:     Canadian Citizen     Landed Immigrant     Work Permit/Student Visa

Education completed:     High School     College/University     Technical School     Other

Current Educational Facility \_\_\_\_\_ Grade/Year \_\_\_\_\_ Program \_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_

What area most interests you? (select all that apply)

SMHF Ambassador       Golf tournaments       Festivals

Supervisory role within program       Gala dinners       Office support

Are you available?

Weekdays     Weekday Evenings     Weekends     Weekend Evenings

How did you hear about the volunteer opportunities at Surrey Memorial Hospital Foundation?

Office Use Only

Date Received \_\_\_\_\_ Date Interviewed \_\_\_\_\_

Training Date \_\_\_\_\_

Volunteer Experience \_\_\_\_\_

Work Experience \_\_\_\_\_

Languages Spoken \_\_\_\_\_

Hobbies/Interests \_\_\_\_\_

Personal/Professional Goals \_\_\_\_\_

Skills \_\_\_\_\_

Current Employer \_\_\_\_\_

Position \_\_\_\_\_ Phone \_\_\_\_\_

References

*Please provide the names and phone numbers of two non-relatives who could be contacted for a personal reference. A Police Record Check may be required.*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

I understand that any misrepresentation in any of the previous statements will void this application, and, if assigned to volunteer service, may be cause for termination. I agree to abide by foundation policies, rules and regulations, and to maintain strict confidentiality of all information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

Parent/Legal Guardian Consent (for applicants under 19 years of age)

I, \_\_\_\_\_, grant my child \_\_\_\_\_  
(parent/guardian name) (child's name)

permission to participate in the Surrey Hospital Foundation volunteer program.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

**Surrey Hospital Foundation  
Confidentiality Policy**

Surrey Hospital Foundation (hereinafter referred to as 'Foundation') volunteers and/or suppliers with access to prospect / donor / patient / resident or personnel information may obtain only that information which is relevant to the performance of their duties or contract for services. Viewing any information other than what is required to fulfill one's role is a violation of our confidentiality policy.

Foundation volunteers and/or suppliers who gather or view prospect / donor / patient / resident or personnel information in order to do their work will not share the information with others, unless others need to know that information for the performance of their work duties.

All information, whether verbal, written or electronic, must be treated with the same level of confidentiality.

Any Foundation volunteers and/or suppliers proven to have breached confidentiality are subject to disciplinary and/or legal action.

All Foundation volunteers and/or suppliers must complete a Pledge of Confidentiality. This Pledge acknowledges that the individual understands the Confidentiality Policy and realizes the consequences of failure to comply. A copy of this agreement is kept on file and is in effect for the duration of their duties or contract for services.

**Surrey Hospital Foundation  
Pledge of Confidentiality**

I, \_\_\_\_\_, have read the above policy on confidentiality. I understand that the prospect / donor / patient / resident or personnel information to which I may have access is confidential, and is not to be communicated except as outlined in my duties or the contract for services.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Legal Guardian Consent (for applicants under 19 years of age)**

I, \_\_\_\_\_ (parent/guardian name), on behalf of my child

\_\_\_\_\_ (child's name) have read the above policy on confidentiality. I understand that the prospect / donor / patient / resident or personnel information to which my child may have access is confidential, and is not to be communicated except as outlined in his/her duties or the contract for services.

\_\_\_\_\_

**Parent/Guardian Signature**

\_\_\_\_\_

**Date**