

VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with William Osler Health System Foundation! Volunteers are a critical part of our family because their commitment and dedication help make it possible for us to support the exemplary care provided to patients by Osler's Health Care Heroes.

Volunteers bring a wealth of knowledge and experience to Osler Foundation, and support our efforts through a variety of different roles. Whether helping at golf tournaments or providing office support, each interaction helps enhance our programs and fundraising efforts.

We have volunteer opportunities to suit a variety of interests and accommodate various schedules. Given the nature of certain events, there may be minimum age requirements for volunteers depending on the activity.

To better understand your interests and help us align available opportunities with potential volunteers, we ask that you please complete the following application form with as much detail as possible:

CONTACT INFORMATION		
First Name	Last Name	
Phone	Email	
Address		
City	Province	Postal Code
Emergency Contact		Emergency Contact Phone

AREAS OF INTEREST - PLEASE CHECK ALL THAT APPLY:

Administration/office support Special event support (i.e. selling 50/50 tickets at golf)

Phone calls Committee involvement (i.e. Gala committee)

Fundraising Other (please specify):

PLEASE SPECIFY YOUR AVAILABILITY - CHECK ALL THAT APPLY:

Weekday mornings Weekday afternoons Evenings

Weekends Flexible



GETTING TO KNOW YOU

GETTING TO KNOW TOO			
How did you hear about this volu	inteer opportunity?		
Please share why you are interes	ted in volunteering with Osler Founda	ntion:	
Please tell us about any relevant Please feel free to attach your re	work or volunteer experience, includir sume to provide further detail.	ng a brief description of your	duties and position.
Do you have any skills, hobbies, o	or talents you would like us to know al	oout?	
Do you have any special conside	rations/limitations that you would like	us to be aware of?	
Languages spoken:			
Are you currently employed full t	ime, part time, a student, retired or otl	her?	
Employed full time	Employed part time	Student	
Retired	Other		
lf applicable, does your company	have an employer-supported volunted	er program? Yes	No

THANK YOU FOR YOUR APPLICATION!

We'd love to help you find an opportunity that's perfect for you, and will be in touch to discuss any current openings matching your area(s) of interest.

For additional information, please email: **Foundation@williamoslerhs.ca** or contact Mary Watson, Manager, Community Giving at **905.494.2120 ext. 29138**.