



Vaughan Community Health Centre  
Member of Vaughan Health Campus of Care

**APPENDIX #1 - VOLUNTEER APPLICATION FORM**



PERSONAL INFORMATION	
Last Name:	First Name:
Address:	Home Phone Number:
Occupation:	Employer:
Work Phone Number:	Email Address:
EDUCATION/TRAINING	
High School Grade:	College/University:
	Other (specify):
SKILLS	
If you speak any languages other than English, please list them:	
Do you hold a valid driver's license? Yes [ ] No [ ]	
What skills do you have that would benefit the Vaughan Community Health Centre?	
VOLUNTEER EXPERIENCE	
Are you currently volunteering anywhere? Yes [ ] No [ ]	
Have you had previous experience as a volunteer? Yes [ ] No [ ] If <b>yes</b> , list organizations and type of work (or provide a separate resume):	



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**AVAILABILITY**

How many hours are you willing to volunteer in a typical week? \_\_\_\_\_ hours

Frequency (please circle your availability):

MONDAY	TUESDAY	WENESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING	MORNING	MORNING	MORNING	MORNING	MORNING
AFTERNOON	AFTERNOON	AFTERNOON	AFTERNOON	AFTERNOON	AFTERNOON
EVENING	EVENING	EVENING	EVENING	EVENING	EVENING

**COMMITMENT**

Will you make a one-year volunteer commitment with us? Yes [ ] No [ ]

Will you complete the required training? Yes [ ] No [ ]

Will you attend volunteer training and update sessions? Yes [ ] No [ ]

Successful candidates must:

- Provide a negative Vulnerable Sector Screening through York Regional Police.
- Provide a record of Tuberculosis status and immunity to vaccine preventable diseases (tetanus, diphtheria, measles, rubella, poliomyelitis, peruses)

Do you expect any changes to your personal circumstances over the coming year that would affect your commitment to this program? If yes, please explain.

Why have you chosen to volunteer with us at the Vaughan Community Health Centre and what would you like to gain from this experience?

Do you have any other expectations regarding volunteering with us at the Vaughan Community Health Centre?

Is there any other information you would like to provide?

All volunteers must provide the following documents prior or within the 2 weeks of starting their student placement at the VCHC. Please see the requirements below:

Document	Submission Process and Timelines
Vulnerable Sector Screening Check (less than 6 months old)	Students must apply for the Vulnerable Sector Screening Check (VSSC) within 2 weeks of orientation.



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	The VSSC to be submitted to Student Coordinator in a sealed envelope upon receipt by the student
Proof of Negative Tuberculosis Status and proof of immunity to preventable diseases	To be submitted within the first 2 weeks of placement or earlier if available (see Appendix 14)
2 completed professional reference forms and/or reference letters	Student to provide references names, relation to the student and contact information on the Student Application form.  The reference check forms will be given to the student at the interview.  It is the student's responsibility to provide the Referee with the forms and ensure references (in the format of a completed Reference Check form or Reference letter) are submitted directly to the Student Coordinator by the Referee prior to orientation date.
<p align="center"><b>We would like to contact two professional references—your direct supervisor, teacher or professor. Please provide two references below</b></p>	
Name: _____	Phone: _____
Email: _____	
Relationship to you: _____	
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Name: _____	Phone: _____
Email: _____	
Relationship to you: _____	
Signature of Applicant: _____	Date: _____

**Please send the required documents to the Volunteer Coordinator:**

Vaughan Community Health Centre  
9401 Jane Street, Suite 206  
Vaughan, Ontario • L6A 4H7 Phone: (905) 303-8490 • Fax (905) 303-4227  
Website: [www.vaughanhealthcarechc.com](http://www.vaughanhealthcarechc.com)  
E: [info@vaughanhealthcarechc.com](mailto:info@vaughanhealthcarechc.com)

While applications are preferred via email, you are welcome to apply by fax, mail or in person. Accommodation will be provided in accordance with the Ontario Human Rights Code. If you need accommodation during the acceptance process, please contact us at 905 303 8490 Ext 153 to provide your contact information. We thank all candidates in advance for their interest, however, only those selected for an interview will be contacted.

**Thank you for your interest in VCHC!**



9401 Jane St. Suite 206 • Vaughan, Ontario • L6A-4H7  
Phone: (905) 303-8490 • Fax (905) 832-0093  
Website: [www.vaughanhealthcarechc.com](http://www.vaughanhealthcarechc.com)