



Thunder Bay Regional  
Health Sciences  
Foundation

**Thunder Bay Regional Health Sciences Foundation**  
**VOLUNTEER REGISTRATION FORM**  
(Form 013)

Date: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Email: \_\_\_\_\_

How would you like us to contact you?  Home Phone  Work Phone  Email

Do you speak or write a language other than English?  Yes  No

Please specify: \_\_\_\_\_

Previous volunteer and employment experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why would you like to volunteer for the Foundation? \_\_\_\_\_

\_\_\_\_\_

What kind of volunteer position interests you?

- Event Organizing Committee     Special Events     Office/Clerical  
 Other: \_\_\_\_\_

Please indicate what times that you would be available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How often would you like to volunteer?

- Weekly     Monthly     Other \_\_\_\_\_

Are you willing to volunteer for on-call events as they arise?  Yes  No

Please check your skills/interests:

- Typing/Clerical     Working with people     Telephone  
 Arts/Music     Public Relations     Crafts

Others: \_\_\_\_\_

Please list your personal skills and characteristics: \_\_\_\_\_

\_\_\_\_\_

Are you involved in other clubs, groups or organizations?  Yes  No

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

After completing a volunteer commitment, how would you like to be recognized?

Annual appreciation event                       Thank you note                       Small gift

Other: \_\_\_\_\_

**IN CASE OF EMERGENCY**, the person below may be contacted:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**REFERENCE THAT MAY BE CONTACTED** (other than family):

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

I give my permission to the Health Sciences Foundation to contact the above reference:

Signature: \_\_\_\_\_

**PROMOTIONAL RELEASE:**

I authorize Thunder Bay Regional Health Sciences Foundation to use and reproduce photographs, video, and voice recordings which involve myself. This applies to promotional initiatives, including brochures, videos, newsletters, websites, information displays, public media opportunities and other educational purposes.

Signature: \_\_\_\_\_

**CONFIDENTIALITY:**

I hereby agree and understand that the donor and patient information at the Thunder Bay Regional Health Sciences Foundation is confidential and as such I will respect this confidentiality. Further, a breach of this confidentiality may lead to a dismissal from my duties as a volunteer at the Thunder Bay Regional Health Sciences Foundation.

Signed: \_\_\_\_\_ Witness: \_\_\_\_\_