Canadian Medical Hall of Fame
Temple de la renommée
médicale canadienne

100 Kellogg Lane, Unit 10, London ON N5W 0B4 T. 519.488.2003 www.cdnmedhall.ca www.trmc.ca

VOLUNTEER APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE (HOME): _____ PHONE (WORK): _____

PHONE (CELL): _____

E-MAIL ADDRESS: _____

IN CASE OF EMERGENCY CALL: _____

RELATIONSHIP TO APPLICANT: _____ PHONE: _____

OCCUPATION:

- ◯ RETIRED
- ◯ STUDENT (SCHOOL NAME _____ GRADE/YEAR: _____)
- ◯ EMPLOYED

HOBBIES & INTERESTS: _____

_____

_____

LANGUAGES SPOKEN: _____

LANGUAGES READ: _____

HOW DID YOU LEARN ABOUT THIS VOLUNTEER OPPORTUNITY?

_____

WHY DO YOU WANT TO VOLUNTEER AT THE CANADIAN MEDICAL HALL OF FAME?

WHAT STRENGTHS COULD YOU BRING TO THIS VOLUNTEER POSITION?

PLEASE LIST THREE (3) REFERENCES:

	NAME	RELATIONSHIP	TELEPHONE
1.			
2.			
3.			

I understand that the Canadian Medical Hall of Fame may request any information from my references. I authorize my references to release all information as requested. I understand that by signing this application I am committing to a minimum of 6 months of my time to volunteer at the Canadian Medical Hall of Fame.

Signature Date

PRIVACY POLICY

The Canadian Medical Hall of Fame respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to privacy. We do not rent, sell, or trade our mailing lists. The information you provide will be used to facilitate your volunteer application and to keep you informed about the activities of the Canadian Medical Hall of Fame. If at any time you wish to be removed from being contacted, simply notify us by phone at 519-488-2003 or via e-mail at cmhf@cdnmedhall.ca and we will gladly accommodate your request.

PARENTAL CONSENT

(FOR VOLUNTEERS UNDER THE AGE OF 18)

I, _____, the legal guardian of _____, give my consent for her/him to offer services to the Canadian Medical Hall of Fame on a volunteer basis.

In case of emergency, please contact _____

at _____.

If unable to contact the above-named person, the Canadian Medical Hall of Fame has my permission to initiate appropriate emergency medical procedures.

_____	_____
Volunteer Signature	Parent/Guardian Signature
_____	_____
Date	Date