



BC Mental Health &  
Addiction Services

An agency of the Provincial Health Services Authority

# VOLUNTEER APPLICATION

Riverview Hospital – Staffing Operations  
2601 Lougheed Highway, Coquitlam, BC V3C 4J2  
Tel: 604-524-7552; Fax: 604-524-7699

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

How did you hear about Riverview Hospital? \_\_\_\_\_

Why do you want to volunteer at Riverview Hospital? \_\_\_\_\_

Detail any previous volunteer experience: \_\_\_\_\_

List previous experience with the mental health field: \_\_\_\_\_

Please list any languages that you speak, other than English: \_\_\_\_\_

OPTIONAL: Are you of any particular religious faith? \_\_\_\_\_

Do you have any special skills or hobbies? (i.e. sewing, chess, music, walking) \_\_\_\_\_

Which volunteer position are you interested in? (✓) N/A = Not Available

Recreation Program Assistant	Occupational Therapy Assistant	Pastoral Care Assistant	One-to-One Patient Visitor	Ward Visitor	Other (i.e. Library, Apparel Shop, etc.)
	N/A			N/A	

When are you available for volunteer work? (✓)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Summer Only	Year Round
Mornings									
Afternoons									
Evenings									

**NOTES:**

**REFERENCES (Please provide at least 2 work or volunteer-related contacts)**

*Friends and family will **NOT** be accepted as references*

1. Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Telephone: (     ) \_\_\_\_\_

3. Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Telephone: (     ) \_\_\_\_\_

2. Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Telephone: (     ) \_\_\_\_\_

4. Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Telephone: (     ) \_\_\_\_\_

***I understand that any misrepresentation in the previous statements will void this application and may result in the release of my volunteer duties.***

***I agree to abide by the policies, rules and regulations of Riverview Hospital, as outlined in the volunteer manual.***

***I agree to respect the confidential nature of my volunteer role and I understand that breach of confidentiality may result in the release of my volunteer duties.***

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Office Use Only:

Interview Date	CRC Status	Start Date	Exit Date	Comments