



THE QUEEN ELIZABETH HOSPITAL

HUMAN RESOURCES DEPARTMENT

CHECKLIST FOR VOLUNTEER APPLICATION

STUDENTS ENROLLED IN AN EDUCATIONAL INSTITUTION

- ✓ VOLUNTEER APPLICATION
- ✓ TWO (2) TESTIMONIALS
- ✓ PRE-HEALTH SCREENING FORM

ALL OTHER PERSONS

- ✓ VOLUNTEER APPLICATION
- ✓ TWO (2) TESTIMONIALS
- ✓ PRE-HEALTH SCREENING FORM
- ✓ POLICE CERTIFICATE OF CHARACTER

***** Please note that applications are incomplete without the requisite requirements and will not be acknowledged in the absence of such documentation.**



THE QUEEN ELIZABETH HOSPITAL

APPLICATION FOR PROVIDING VOLUNTEER SERVICES

Please complete and return to the Director Human Resources, Human Resources Department
Martindales Road, St Michael, Barbados, West Indies

1. SURNAME _____ CHRISTIAN NAME(S) _____

2. PERMANENT ADDRESS _____

3. DATE OF BIRTH _____ TELEPHONE NUMBER: _____ (H) _____ (C) _____

4. EMAIL ADDRESS _____

5. NATIONALITY _____ GENDER: M F _____ LANGUAGE SKILLS: _____

6. NAME AND ADDRESS OF NEXT OF KIN: _____

7. EDUCATION LEVEL: _____

HIGH SCHOOL COLLEGE UNIVERSITY

8. OCCUPATION: _____ EMPLOYER: _____ RETIRED

9. SPECIAL SKILLS/TRAINING: _____

10 VOLUNTEER/COMMUNITY ACTIVITIES

From	To	Organisation	Reason For Leaving

11. AREA OF PREFERENCE

Please indicate (✓) below the specific areas in which you would like to volunteer your services that you consider relevant, i.e. experience, skills, abilities, etc

<input type="checkbox"/>	Laboratory	<input type="checkbox"/>	Paediatric Care	<input type="checkbox"/>	Care of the Elderly
<input type="checkbox"/>	Reading	<input type="checkbox"/>	Rehabilitation	<input type="checkbox"/>	Accident & Emergency
<input type="checkbox"/>	Pastoral Visits	<input type="checkbox"/>	Patient Feeding	<input type="checkbox"/>	Other (Specify):

12. LIST YOUR SOFT SKILLS:

13. DAYS AVAILABLE: Monday Tuesday Wednesday Thursday
 Friday Saturday Sunday

14. TIME PREFERRED: Morning Afternoon Evening Weekend

15. DO YOU HAVE ANY PHYSICAL, MENTAL OR MEDICAL DISABILITY THAT WOULD PREVENT YOU FROM PERFORMING CERTAIN VOLUNTEER ACTIVITIES? _____

(Health concerns such as high blood pressure, asthma, heart disease, etc. will not lessen your chances of becoming a hospital volunteer. In order to place you in a position which is not too physically strenuous, please briefly describe your general physical health in the past year)

16. DATE OF LAST MEDICAL EXAMINATION: _____

17. PHYSICIAN: _____

18. DECLARATION

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNED

DATE

EMAIL ADDRESS: _____

VOLUNTEER AGREEMENT

I promise that I will not divulge any information that I may hear or see concerning a patient or any member of the hospital's staff during my work at The Queen Elizabeth Hospital.

Signature

Date

Please list two (2) persons not related to you who will serve as personal references:

Name

Telephone

Name

Telephone

PLEASE RETURN COMPLETED FORM TO:

Director,
Human Resources Department,
Martindales Road,
ST. MICHAEL,
BARBADOS
BB11155