



Completion of Orientation

Please fill out and sign after reviewing the QHC orientation video. Review codes are given out within the content of the video. Include this form with the volunteer application paperwork you submit to your respective hospital auxiliary.

Name of Volunteer: _____

Review Code #1: _____

Review Code #2: _____

Review Code #3: _____

Review Code #4: _____

Review Code #5: _____

I have watched the Volunteer Orientation video and understand all the information outlined.

Signature: _____

Do you have any questions regarding the content of the orientation? Please email cwalker@qhc.on.ca.

Thank you for your time and interest in joining the QHC team!
Volunteers are an integral part of the hospital!