



***Volunteer Orientation Review
Form for online applicants.***

Please fill out and sign after reviewing the online QHC orientation video. Review codes are distributed 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 for Online Applicants 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!