

JUNIOR VOLUNTEER SUMMER PROGRAM
2007 APPLICATION PACKAGE

Welcome!

We're glad you're interested in St. Joseph's Hospital's Summer Junior Volunteer Program. You'll find volunteering with us is rewarding and interesting.

To be Junior Volunteer...

- ... you must be going into Grade 8 or higher.
- ... a reference form must be completed by an adult who knows you well. Family members aren't appropriate references.
- ... a parent or guardian must sign the application form and confidentiality statement.
- ... you must attend an initial orientation session before you can be assigned a volunteer placement.
- ... you must buy and wear a T-shirt that identifies you as a Junior Volunteer (cost is \$10.00).
- ... you should be ready to take a commitment of two hours per week for July and August. (We do accommodate summer travel and vacation plans.)

We look forward to meeting you in person and welcoming you to our St. Joseph's team.

Yours truly,

Amanda Fentiman, Junior Volunteer Supervisor
Phone: 339-1426 Fax: 339-1428



JUNIOR VOLUNTEER SUMMER 2007 PROGRAM APPLICATION

Date _____

Name (first, middle and last)	
School	Grade Completed
Address (including town & postal code)	
E-mail Address (please print clearly)	
Home Phone	Birthdate
Cell Phone	
Family Physician	Phone
Parent/Guardian Name and Relationship	
Parent/Guardian Daytime Phone	
Medical Insurance Number	

1. a. Why would you like to be a Junior Volunteer? _____

b. What are your interests, activities and hobbies? _____

2. Participation in the program requires two hours, one day per week for July and August.

a. Are you willing and able to make this commitment? Yes No

b. If you have work, holiday or other commitments for the summer, please list them.

c. Please circle the shift and day that you would prefer to volunteer.

10:00 a.m. – 12:00 noon

2:00 – 4:00 p.m.

Monday

Tuesday

Wednesday

Thursday

Friday

d. Is there another volunteer that you would like to share your shift with?

3. Junior Volunteers wear a T-shirt that identifies them as volunteers to staff, residents and family.

a. Are you willing to buy and wear the T-shirt? (Cost is \$10.00.) Yes No

b. Please circle your T-shirt size. S M L XL

YOUTH CONSENT

I consent to having my photograph taken while volunteering at St. Joseph's General Hospital, and for those photographs to be reproduced for public use, such as poster displays, media press releases and other forms of public display.

Signature of Applicant

PARENT AUTHORIZATION

I, _____, parent/guardian of the above applicant

(please check)

approve of my dependant's participation as a Junior Volunteer at St. Joseph's General Hospital.

consent to my dependant being photographed while volunteering at St. Joseph's General Hospital, and for those photographs to be reproduced for public use, such as poster displays, media press releases and other forms of public display.

Signature

Date

Please print name

Amanda Fentiman, Junior Volunteer Supervisor

Phone: 339-1426 Fax: 339-1428

St. Joseph's General Hospital

2137 Comox Avenue, Comox, B.C. V9M 1P2

PERSONAL REFERENCE FORM

PERSONAL REFERENCE FOR _____
(Name of Junior Volunteer Applicant)

The above youth has applied to St. Joseph's General Hospital Summer Junior Volunteer Program. To succeed in this program, youth require self-discipline, dependability, the ability to get along with others and the ability to accept and follow instructions. Understanding and respecting confidentiality of all information concerning the hospital, patients and residents is crucial.

Please complete the form below and return it directly to my office. This youth cannot be considered for the program until we receive it. The information will be confidential.

Note: this form should not be completed by a family member.

1. Please describe the youth in the following areas.

a. Attitude:
b. Ability to get along with others:
c. Dependability:
d. Ability to follow instructions:

2. How long have you known this youth?

3. Additional comments:

THIS APPLICANT IS: RECOMMENDED NOT RECOMMENDED

Your name (please print) _____

Signature _____ Date _____

Relationship to applicant: _____ Phone _____

Please return directly to: **Amanda Fentiman, Junior Volunteer Supervisor**, St. Joseph's General Hospital, 2137 Comox Avenue, Comox, B.C. V9M 1P2
Phone (250) 339-1426 Fax: 339-1428



ST. JOSEPH'S GENERAL HOSPITAL

CONFIDENTIALITY STATEMENT

All patients (Acute Care) and residents (ECU) have a right to privacy regarding their health and personal matters, and all volunteers must respect these rights.

Therefore, I _____, understand that the conditions, and all personal affairs of hospital acute care and residents of the Extended Care Unit, are strictly confidential and may not be discussed with or disclosed to any unauthorized person except in the line of my volunteer services.

I also agree that any other information of a confidential nature to which I may have access through my volunteering will be treated as such.

I realize that any breach of this trust may lead to termination of my volunteer role at St. Joseph's General Hospital (Acute Care & and Extended Care Unit).

Signature _____

Date _____

Witness _____

St. Joseph's General Hospital
2137 Comox Avenue, Comox, B.C. V9M 1P2