



GENERAL HOSPITAL

2137 Comox Avenue Comox, BC V9M 1P2 Tel. 250-339-1426 Fax. 250-339-1428

APPLICATION FORM: *JUNIOR VOLUNTEER PROGRAM*

Please Print

Last Name: _____ **First Name:** _____ **Middle Initial:** _____ **School**

(please state if homeschooled): _____ **Grade:** _____ **Birthdate**

(mo/day/year): _____ **Phone Number:** _____ **Home Address**

(street number, city, & postal code):

Family Physician: _____ **Phone Number:** _____

Parent/Guardian Name(s): _____

Parent/Guardian Business Phone Number: _____

Medical Insurance Number: _____

We require a minimum commitment of 2 hours per week. Are you willing to make this commitment? (yes/no): _____

Please provide a brief description of why you would like to be a Junior Volunteer with St. Joseph's General Hospital and why you feel your contribution to the residents will be meaningful to you.



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Please list any work, school or other commitments you will have this summer

Please list all activities, hobbies, and interests you have

What activities would you be interested in participating in with some of the residents?

Are you interested in helping to feed some of the residents? (yes/no) _____

Please list some future career goals (if known)

Please list some of the things you would like to learn while volunteering with St. Joseph's General Hospital this summer

There is a \$10 fee for the T-Shirt and name tag you will be required to wear. There is also a mandatory orientation and training session you must attend. You are aware of these and agree to comply (yes/no) _____



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Thank you for your interest in our Junior Volunteer Program. We will choose successful applicants based on their time commitments and enthusiasm to participate. Volunteering in a hospital is a very rewarding experience and in addition to the satisfaction you will receive from helping others, you may also gain insight into the medical field as a possible profession. Not all volunteer assignments involve direct contact with the patients.

At the orientation we explain the function of the Junior Volunteer Program, discuss the various volunteer placements, and tour the hospital.

I have read all the above application contents and fully understand what will be expected of me, and agree to these commitments.

(Please print name)

(Signature) (Date)

Parental approval and acknowledgement of dependant child joining and participating in the Junior Volunteer Program at St. Joseph's General Hospital

(Please print name)

(Signature) (Date)

Thank you once again for your interest, and we look forward to meeting you. Successful applicants will be contacted in order to participate in the orientation and training. Orientation day to be announced. Please return this application to

If you have any questions, concerns or comments please contact:

Brenda Phillips, Director of Resident Lifestyles and Community Programs

Brenda.phillips@sjghcomox.ca