

# ***SUMMER JUNIOR VOLUNTEER PROGRAM APPLICATION PACKAGE 2010***

## ***FOR NEW YOUTH VOLUNTEERS***

Welcome to St. Joseph's General Hospital's Summer Junior Volunteer Program at The Views Residential Care! Volunteering with us is fun and interesting. Become part of our team and make a difference.

- ❖ To be Junior Volunteer, you must be between 13 and 18 years of age.
- ❖ Shifts are two hours long, once a week:
  - 10:00 - 12:00
  - 2:00 - 4:00
- ❖ The program operates Monday - Friday, during July and August.

***NOTE: We expect to have more students to apply than we can accept. Completed application forms will be dated when they are received at the Work Experience office at your school or in the Activity Office of The Views. Those who complete the application early have the best opportunity to choose the day and shift that suits them.***

### ***Process***

1. Ensure that your application package is complete, including:
  - the application form, Pledge of Confidentiality and Participation Agreement, all signed by both you and your parent or guardian, and
  - Reference form completed by a teacher, counsellor or other adult who knows you well. Family members aren't acceptable references.
2. Take your completed application to the Work Experience office at your school or to the Activity Office in The Views at St. Joseph's.
3. Attend the orientation on **July 5 from 10:00-1:00 in the Edith McNish Boardroom, 1938 Wing**. At the end of the session, you will be invited to choose a shift based on the date that we received ***your completed application package***.

**If your application package is not complete, you will not be able to choose a volunteer shift.**

### **For More Information**

Sandra Morson, Junior Volunteer Supervisor  
Phone: 250-339-1426  
sandra.morson@sjghcomox.ca

Brenda Phillips, Director  
Phone: 250-339-1426  
brenda.phillips@sjghcomox.ca



# SUMMER JUNIOR VOLUNTEER PROGRAM APPLICATION 2010

Date: \_\_\_\_\_

NAME: First and Last	
HOME ADDRESS: (street number, city & postal code)	
HOME PHONE:	CELL PHONE:
EMAIL:	
SCHOOL: (state if home schooled)	GRADE:
FAMILY PHYSICIAN:	PHONE:
PARENT/GUARDIAN NAME:	
PARENT/GUARDIAN DAYTIME PHONE:	
MEDICAL INSURANCE NUMBER:	

Please tell us if your family has vacation plans for the summer. \_\_\_\_\_

---

---

Why would you like to be a Youth Volunteer? \_\_\_\_\_

---

---

\_\_\_\_\_  
Signature of Volunteer Applicant

### PARENT/GUARDIAN APPROVAL

I approve of my child/dependant participating in St. Joseph's Hospital Youth Volunteer program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name

## YOUTH VOLUNTEER PROGRAM

# VOLUNTEER PLEDGE OF CONFIDENTIALITY

All patients, residents, staff and volunteers of St. Joseph's General Hospital have a right to privacy regarding their health and personal matters, and all volunteers must respect these rights.

Therefore, I \_\_\_\_\_, understand that the physical conditions and personal affairs of patients and residents are strictly confidential and may not be discussed with or disclosed to any person except in the line of my volunteer services.

I also agree that I will not disclose any other information of a confidential nature to which I may have access through my volunteering, including information about other volunteers, staff and St. Joseph's General Hospital operations, to those who have no need to know.

This includes ensuring that confidential information is not discussed where it could be overheard by others.

I realize that any breach of this trust may lead to termination of my volunteer role at St. Joseph's General Hospital.

\_\_\_\_\_  
Signature of Volunteer Applicant

\_\_\_\_\_  
Date

## PARENT/GUARDIAN APPROVAL

I, \_\_\_\_\_, parent / guardian of the above-named Applicant agree with and consent to the commitment my child / dependant has made above.

Signature: \_\_\_\_\_

Parent or Guardian

Date: \_\_\_\_\_

## **PARTICIPATION AGREEMENT**

Please read this page carefully. Your signature at the bottom of the page indicates that you understand and agree to each of the following.

I, \_\_\_\_\_, commit to the following as a volunteer:

**1. I grant permission to the Volunteer Services Program to take photographs and to store registration or personal information electronically.**

I understand that

- information collected at the time of registration will be stored electronically and used for management functions by the Volunteer Services program;
- all volunteers are required to have official photo identification; and,
- from time to time, pictures may be taken and used for publicity and display purposes.

**2. I will adhere to St. Joseph's General Hospital Volunteer Services program policies and procedures, including record keeping and confidentiality of patient and resident information.**

**3. I will perform my volunteer duties to the best of my ability.**

**4. I will attend all of my volunteer shifts, or provide adequate notice if I cannot.**

**5. I will represent St. Joseph's General Hospital to the community in a responsible, positive way.**

\_\_\_\_\_  
Signature of Volunteer Applicant

\_\_\_\_\_  
Date

### **PARENT/GUARDIAN APPROVAL**

I, \_\_\_\_\_, parent / guardian of the above-named Applicant agree with and consent to the commitment my child / dependant has made above.

Signature: \_\_\_\_\_  
Parent or Guardian

Date: \_\_\_\_\_



# PERSONAL REFERENCE FORM

PERSONAL REFERENCE FOR: \_\_\_\_\_

(Name of Youth Volunteer Applicant)

The above youth has applied to our Youth 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.

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 \_\_\_\_\_