

SUMMER JUNIOR VOLUNTEER PROGRAM FOR RETURNING VOLUNTEERS 2010

Use this application package only if you have already been a youth volunteer at St. Joe's.

Welcome back to St. Joseph's Hospital Junior Volunteer Program at The Views!

- ❖ To be Summer Junior Volunteer, you must be between 13-18 years of age.
- ❖ Shifts are two hours long, once a week:
 - 10:00 - 12:00
 - 2:00 - 4:00

NOTE: We expect to have more students interested in the program than we can accept. Returning volunteers have priority because you can choose your shift when you bring your completed form to the Activity Office in The Views.

If you have volunteered previously, you do **NOT** have to attend an orientation.

1. Complete a Reactivation Form, including your signature and that of a parent or guardian.
2. If cannot find your red volunteer t-shirt, pay \$10.
3. When you give us your completed form, you can choose your shift. If you wait until the orientation, you will have to wait until your place on the interest list.

For More Information

Sandra Morson, Junior Volunteer Supervisor
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sandra.morson@sjghcomox.ca

Brenda Phillips, Director
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brenda.phillips@sjghcomox.ca



Summer Junior Volunteer Program Reactivation Form 2010 For returning Junior Volunteers

Date/Time Rec'd _____

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell: _____ School: _____

E-mail: _____ Grade Completed: _____

1. Circle the shift you would like.

10:00 a.m. – 12:00 p.m. Monday Tuesday Wednesday Thursday Friday

2:00-4:00 p.m. Monday Tuesday Wednesday Thursday Friday

2. T-shirt Size S M L XL

OR I have a t-shirt from previous volunteering **and I know where it is.**

VOLUNTEER SIGNATURE

I understand and agree to respect the pledge of confidentiality and participation agreement I made when I joined the program.

Signature of Volunteer Applicant

Date

PARENT/GUARDIAN APPROVAL

I approve of my child/dependant participating in St. Joseph's Hospital Youth Volunteer program for Summer 2010 and consent to the commitment she/he has made above.

Signature of Parent/Guardian

Date

Please print name

OFFICE USE ONLY

Date Received: _____

T-shirt: \$10 Paid by Cheque Cash Not paid NA

Shift Assignment _____