

YOUTH VOLUNTEER PROGRAM FOR RETURNING VOLUNTEERS 2011-12

Welcome back to St. Joseph's Youth Volunteer Program.

Thanks for coming back to be part of our team. You make a big difference!

- ❖ Note the change in time for shifts, due to later school dismissal times for 2011-12!
 - 4:00 - 5:30 Monday to Thursday for Candystrippers on acute care and Junior Volunteers at The Views.
 - 4:00 - 5:30 Monday to Friday and 2:00 - 4:00 Saturday and Sunday in the Transitional Care Unit on 2nd Floor.

The program will start on **TUESDAY, OCTOBER 11, 2011.**

NOTE: Due to the popularity of this program, we expect to have more applicants than we can accept. Returning volunteers have priority IF YOU APPLY EARLY because you can choose your shift as soon as we receive your completed form.

WHAT TO DO

If you have previously volunteered at St. Joe's, you do **NOT** have to attend a youth orientation evening.

1. Contact Janice to book your place on the interest list, at 250-890-3030 or janice.wagemann@sjghcomox.ca.
2. Complete a Reactivation Form, signed by you **AND** a parent or guardian.
3. You may give us your completed form at any time, which will allow you to choose your shift. ***Do it soon!***
4. If you wait until the orientation evening, you will have to wait until your place on the interest list.

For More Information

Pat Allan, Manager, Volunteer Services
Phone: 250-339-1548
pat.allan@sjghcomox.ca

Janice Wagemann, Administrative Assistant
Phone: 250-890-3030
janice.wagemann@sjghcomox.ca

Many thanks to St. Joseph's Hospital Auxiliary for their support of this program.

Youth Volunteer Reactivation Form 2011-12

For returning Youth Volunteers

Date Rec'd _____

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell: _____ School: _____

E-mail: _____ Grade in September: _____

1. Mark your top three choices of shift (1, 2, 3), with 1 for the one you most want.

	4:00-5:30					2:00-4:00	
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Candystriper - Acute Care							
Junior Volunteer - The Views							
Junior Volunteer - TCU – 2 nd Floor							

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 2011-12 and consent to the commitment she/he has made above.

Signature of Parent/Guardian

Date

Please print name

OFFICE USE ONLY				
T-shirt: \$10 Paid by	Cheque	Cash	Not paid	NA
Shift Assignment _____				