

VOLUNTEER RESOURCES
Royal Jubilee and Gorge Road Hospitals

ADULT VOLUNTEER APPLICATION PACKET

Kathy Nies
Manager Volunteer Resources
Royal Jubilee Hospital
South Block 4th Floor – Room 406
1952 Bay Street
Victoria, B.C.
V8R 1J8
Tel: (250) 370-8407
Email: Kathleen.nies@viha.ca
Website: http://www.viha.ca/volunteer_resources/

VOLUNTEER RESOURCES

Royal Jubilee and Gorge Road Hospitals

The Vancouver Island Health Authority's Adult Volunteer Program opens the door to a world of opportunities. It's a wonderful learning experience that provides an opportunity for career exploration, a chance to learn new skills, and also to help your community. Thank you for your interest in this worthwhile program.

We require a minimum 60-hour commitment of approximately 2-4 hours per week. This commitment is specific to this health care site. A letter of reference will not usually be issued prior to the completion of this 60-hour commitment.

1) To become a Volunteer at the Royal Jubilee or Gorge Road Hospitals, you must be nineteen or over and able to volunteer for a scheduled two-hour to four-hour shift once a week on a regular basis, or more if you wish.
[There is a Volunteer program for people 14 to 18 years of age.
Please request the Volunteer Application Package Forms.]

2) Please complete the enclosed Volunteer Registration Forms and attach two letters of reference or two completed reference forms or email me and I will send you a link to the Survey Monkey site which you can email to your references. **Email:** Kathleen.nies@viha.ca

3) Upon completion of the Volunteer Application Packet please mail to:
Kathy Nies
Manager, Volunteer Resources
Royal Jubilee Hospital
1952 Bay Street
Victoria, B.C. V8R 1J8

After receiving your application, and when a tentative placement becomes available, you will then be contacted by phone or email to arrange a specific date and time for an interview. If accepted into the program, you will be notified and scheduled for a general hospital orientation and area orientation(s); these are to be completed before starting any volunteer assignments. This training is required and important to prepare you for your volunteer placement.

*If you do not hear back from us after mailing in your application, it means that you have been placed on a waitlist. If this happens, you are required to check in every two months by giving us a phone call.

If you do not reach us please leave us a message stating your full name, phone number, and the date you mailed your application. This allows us to know if you are still interested in volunteering at RJH or GRH.

If we do not hear from you after 6 months your file will be terminated.

Kathy Nies

Volunteer Resources, Royal Jubilee and Gorge Road Hospital Sites

Email: Kathleen.nies@viha.ca

Telephone: 250-370-8407

VOLUNTEER RESOURCES

Royal Jubilee and Gorge Road Hospitals

NAME: _____ STREET: _____ CITY: _____ POSTAL CODE: _____	DAYTIME CONTACT NUMBER: _____ ALTERNATIVE CONTACT NUMBER: _____ E-MAIL: _____		
EMERGENCY CONTACT: NAME: _____ PHONE #: _____			
Date of Birth: ____ / ____ Month / Day	ARE YOU EMPLOYED? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> On call Place of Employment: _____		
PLEASE GIVE TWO REFERENCES (Personal & Work Or School – No Relatives) Name: _____ Phone #: _____ Name: _____ Phone #: _____			
HOW DID YOU HEAR ABOUT OUR VOLUNTEER PROGRAM?			
<input type="checkbox"/> Family Member	<input type="checkbox"/> Friend	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Volunteer Victoria
<input type="checkbox"/> School Counsellor	<input type="checkbox"/> VIHA Volunteer	<input type="checkbox"/> Brochure	<input type="checkbox"/> Community Group
DESCRIBE PREVIOUS OR CURRENT VOLUNTEER EXPERIENCE: _____ _____			
WHAT ARE YOUR SPECIAL SKILLS, INTERESTS, HOBBIES? _____ _____			
LANGUAGES: _____			
WHY ARE YOU INTERESTED IN VOLUNTEERING? _____ _____			
WHAT KIND OF VOLUNTEER ASSIGNMENT WOULD YOU LIKE? _____ _____			
LENGTH OF COMMITMENT: <input type="checkbox"/> 6 Months <input type="checkbox"/> Longer	<input type="checkbox"/> DO NOT PUT MY NAME/CONTACT INFORMATION ON THE EMERGENCY RESPONSE LIST WHICH IS USED FOR DISASTER PLANNING		

SCHEDULING

Please check the assignments that interest you during the times that you will be available which are listed on the **VOLUNTEER OPPORTUNITIES CHECKLIST** pages 6 to 8 in this registration package.

VOLUNTEER RESOURCES

Royal Jubilee and Gorge Road Hospitals

GENERAL HEALTH SCREENING

Do you have any medical conditions/restrictions, which would impact your ability to perform your volunteer duties safely? No If YES please describe:

Do you have any illnesses or conditions that could be transmitted to other personnel or patients during the course of your duties? NO If YES please describe:

TUBERCULOSIS SCREENING

Have you ever had active Tuberculosis? No YES

Have you been experiencing any of the following symptoms for longer than one month?

Persistent cough <input type="checkbox"/>	Excessive fatigue <input type="checkbox"/>	Unexplained weight loss <input type="checkbox"/>
Coughing up blood <input type="checkbox"/>	Excessive night sweats <input type="checkbox"/>	Persistent fever <input type="checkbox"/>

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE:

You will need to phone the VIHA TB Clinic at 952-4217 to arrange for FREE TB screening. The results of you TB screening will need to be documented below and returned to your Coordinator of Volunteer Resources before you may begin volunteering.

INFECTION CONTROL DEPARTMENT ONLY:

TB SKIN TEST/S: DATE _____ RESULT _____ DATE _____ RESULT _____

CHEST X-RAY (if required): DATE _____ No Evidence of active TB
Needs Further Investigation

Doctor/Nurse Name: _____ Signature: _____

PERMISSION TO PERFORM A BACKGROUND CHECK

I give permission for the VIHA Volunteer Resources Departments to perform a check of my background, which may include:

police check <input checked="" type="checkbox"/>	driving record <input type="checkbox"/>	Past Employment and/or volunteer history <input checked="" type="checkbox"/>
personal references <input checked="" type="checkbox"/>	Other persons or sources as is appropriate for the volunteer service(s) in which I have expressed an interest <input checked="" type="checkbox"/>	

I understand that information collected during this background check will be limited to that which is appropriate to determining my suitability for the particular types of volunteer service in which I will be involved. I understand that all information collected during the check will be kept confidential.

VOLUNTEER RESOURCES

Royal Jubilee and Gorge Road Hospitals

PERMISSION TO TAKE PHOTOGRAPHS AND TO STORE REGISTRATION or PERSONAL INFORMATION ELECTRONICALLY

I understand that:

- Information collected through registration will be stored electronically and used for management functions by the Volunteer Resources and/or Spiritual Care Departments within VIHA
- All VIHA volunteers will be required to have official VIHA photo identification
- From time to time, pictures may be taken for publicity and display purposes: (please check the following boxes)

<input type="checkbox"/> Displays	<input type="checkbox"/> Videos	<input type="checkbox"/> VR or SC Websites
<input type="checkbox"/> VIHA publications (i.e. Currents)	<input type="checkbox"/> Brochures	<input type="checkbox"/> Newspapers

CONFIDENTIALITY ACKNOWLEDGEMENT

I (print name) _____ hereby acknowledge that I have read and understood VIHA's policies entitled "Confidential Information – Privacy Rights of Personal Information"

(Policy number 1.5.1) http://www.viha.ca/NR/ronlyres/A0E34A34-ABAC-4FBE-9F2E-55387851A292/0/policy_personal_information.pdf

and "Confidential Information – Third Party, VIHA Business and Other Non-Personal Information"

(Policy number 1.5.2) http://www.viha.ca/NR/ronlyres/AA329B87-3F40-4693-B430-DBD9E00E0ADB/0/policy_third_party_business.pdf concerning my responsibilities regarding information

obtained during the course of my employment, affiliation or assignment at VIHA. I further acknowledge that I have read and understood the consequences for breach of these policies.

REQUESTS FOR REFERENCE FROM VOLUNTEER RESOURCES

Educational institutions and employers recognize the value of volunteer experiences.

I understand that the Freedom of Information and Privacy Protection Act prohibits VIHA from giving references without my written approval. I hereby give permission to the VIHA Volunteer Resources Departments to provide references, written and verbal, related to my volunteer service. I understand that a reference may only be provided after 60 hours of volunteer service at the discretion of the site Volunteer Resources Administrator.

- I agree to attend regularly and perform my volunteer service to the best of my ability and according to the guidelines provided by the Vancouver Island Health Authority (hereinafter called "VIHA") Departments of Volunteer Resources.
- **I will abide** by the policies and standards of the department of volunteer resources. http://www.viha.ca/volunteer_resources/policies_and_procedures.htm
- I will meet the time commitments, or provide adequate notice so that alternative arrangements can be made. I will act at all times as a contributing member of the health care team towards accomplishing the mission of the VIHA.

I AGREE TO ALL OF THE ABOVE: (unless otherwise stated on this form)

Signature _____
APPLICANT

Date _____:

Signature _____
Manager/Coordinator Volunteer Resources

Date _____:

VOLUNTEER RESOURCES Royal Jubilee and Gorge Road Hospitals

VOLUNTEER OPPORTUNITIES CHECKLIST

Please check the assignments listed on the next three pages that interest you during the times that you will be available.

You may note your choice by order of preference by printing:

1st, 2nd, 3rd, 4th, etc. by the box. You will be contacted when an opening comes up.

Gorge Road Hospital located at 63 Gorge Road East on the Gorge waterway, is a 'Complex Care' facility offering support for people requiring 24-hour care. Volunteers are a valued part of the healthcare team at the Gorge and help recreation staff with a very active program of social and recreational activities, which includes exercise groups, arts and crafts, bingo, various entertainment groups and special events. Volunteer opportunities at this facility are as follows:

Activities Volunteers assist with games and special afternoon events.

2-4:30pm Monday Tuesday Wednesday Thursday Friday

Gardening Volunteer help residents maintain a garden.

Daytime - Times Flexible

Art with Heart Volunteers assist with a watercolour art group

2-4:00 pm Every 3rd Wednesday **2-4:00 pm** Thursdays

Pet Therapy Volunteers And Their Therapy Dogs visit on the units.

*******Volunteers must have an approved therapy dog. *******

10-12 noon Monday Tuesday Wednesday Thursday Friday

2-4:30pm Monday Tuesday Wednesday Thursday Friday

Standing Balance Exercise Volunteers assist with the exercise group.

10am-12noon Monday Friday

Royal Jubilee Hospital located at 1952 Bay Street is an Acute Care Facility providing Emergency, General Surgery, Medical Ambulatory, Cancer Care, Mental Health, Cardiac Rehab, Burn Unit, and Medical Imaging/Diagnostics Services to the people living in the south region of Vancouver Island. Volunteers are a valued part of the RJH healthcare team and help with patient recreational and social support activities, clinic support, and hospital host relations. Volunteer opportunities at this facility are as follows:

Acute Geriatric Psychiatry Program Volunteers visit on the nursing unit and help with social and recreational activities. One To Two Hours Per Week – Flexible

VOLUNTEER RESOURCES

Royal Jubilee and Gorge Road Hospitals

Emergency Department Volunteers support and direct patients and families.

10am-1pm

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

1-4pm

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

4-7pm

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

7-10 pm

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

10pm- Midnight

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Geriatric Exercise Program Volunteers assist therapy staff with an exercise group.

10 – 12:15 pm

Monday Tuesday Wednesday Thursday Friday

1 – 3:30 pm

Monday Tuesday Thursday Friday

2 – 3 pm

Wednesday

Library Volunteers deliver hospital library books and magazines to patients.

10am-12:00noon

Monday Tuesday Wednesday Thursday Friday

Medical Imaging Volunteers support and direct patients and families throughout the department.

8:30 am-12:30 pm

Monday Tuesday Wednesday Thursday Friday

12:30-3:30 pm

Monday Tuesday Wednesday Thursday Friday

Music - Acute Geriatric Psychiatry Program or Acute Rehabilitation Unit Volunteers

play the piano or their own instrument in the activity room.

1-2 Hours Per Week - Flexible

Pain Clinic Volunteers support and direct patients and families throughout the clinic.

12:30-4 pm Monday

0800-11:30 am Tuesday Wednesday Thursday

12:30-4 pm Tuesday Wednesday Thursday

Patient Placement Volunteers guide patients to the units where they are being admitted.

This assignment offers an opportunity to provide patient support while seeing the various areas of the hospital.

7 to 11 am Monday Tuesday Wednesday Thursday Friday

11 am to 3 pm Monday Tuesday Wednesday Thursday Friday

VOLUNTEER RESOURCES

Royal Jubilee and Gorge Road Hospitals

Patient Support on the Oncology and Other Nursing Unit Volunteers provide support and recreation to patients and families.

10am-1pm

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

2:30-4pm

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

4-6pm

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Renal Dialysis Unit Volunteers provide support to out- patients and families.

7:30-10am

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

10:30am-1pm

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

12 – 2:30pm

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

4-7 pm

Monday Tuesday Wednesday Thursday Friday

Pet Therapy Volunteers And Their Therapy Dogs visit the Renal Dialysis Unit.

10-10:45am

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

2:00-2:45pm

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Pet Therapy Volunteers And Their Therapy Dogs visit the Acute Geriatric Psych. Or the Rehabilitation Unit

2 -5 pm

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

6 – 8 pm

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Rehabilitation Unit Activities Volunteers assist with social and recreational activities.

2 - 5 pm

Monday Tuesday Wednesday Thursday Friday

1 - 3 pm

Saturday Sunday

5:45 – 8 pm

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Wayfinders Volunteers direct patients and families throughout the hospital.

8:00-10:00am

Monday Tuesday Wednesday Thursday Friday

10:00am-12noon

Monday Tuesday Wednesday Thursday Friday

1 - 3pm

Monday Tuesday Wednesday Thursday Friday

VOLUNTEER RESOURCES

Royal Jubilee and Gorge Road Hospitals

The information you provide is confidential. Your comments will give us a better understanding of the applicant's background and character. I would appreciate any information or comments you consider important to this application. Thank you for your prompt response.

There are two quick and easy ways to give a reference, please choose:

A. Email me at Kathleen.nies@viha.ca stating that you will give a reference for and include his/her first and last name. I will email a link to our Survey Monkey and you can quickly and easily give this reference on line.

B. Complete and form and mail it as soon as possible to:

Royal Jubilee Hospital

1952 Bay Street

Victoria, BC V8R 1J6

Attention: Kathy Nies, Manager, Volunteer Resources

Need more information? Contact Kathy Nies at 250-370-8407 or e-mail Kathleen.nies@viha.ca.

1. What is the name of the volunteer applicant you are supplying the reference to?

(Please print) _____

2. What is your name and telephone number?

NAME: _____

TELEPHONE: (W) ^{First} _____ ^{Last} (H) _____

3. How long have you known the applicant?

- | | |
|-------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 1 – 3 years |
| <input type="checkbox"/> 4 – 5 years | <input type="checkbox"/> More than 5 years |

4. What has been the nature of your association? Friends Neighbours
 Colleagues I was his/her employer I was his/her employee
 Other [please specify] _____

5. We are looking for volunteers who:

- are outgoing
- are compassionate
- are non-judgmental
- can maintain confidentiality
- demonstrate initiative
- are reliable
- follow policies and procedures

6. Do you think the applicant will be a good fit with the above qualities?

- Yes No
 Not Sure or Maybe [please specify] _____

VOLUNTEER RESOURCES

Royal Jubilee and Gorge Road Hospitals

7. What are the candidate's three strongest qualities? _____

8. Is the applicant a team player or does s/he work better alone?

Works best alone Works best with a group Works well with both Not sure

9. Please check the box on each line that best describes the applicant:

	Don't Know	Outstanding	Very Good	Good	Needs Improvement
Sensitive to people & their problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to discuss thoughts and feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to talk to others about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates well with fellow workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates well with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treats others honestly and respectfully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relates well with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treats others honestly and respectfully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has good common sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not judge people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welcomes growth and change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses free time constructively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to learn and follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to take suggestions/criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work closely with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to take initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. To the best of your knowledge, is the applicant honest?

Don't know Yes No [please specify] _____

11. If you were in a position to, would you hire/rehire this person?

Not Sure Yes No [please specify] _____

12. Is there anything that hasn't been asked about the applicant that you think is important to share in order to help us determine his/her suitability to volunteer at the hospital?

Signature: _____ Date: _____

Thank you!

VOLUNTEER RESOURCES

Royal Jubilee and Gorge Road Hospitals

The information you provide is confidential. Your comments will give us a better understanding of the applicant's background and character. I would appreciate any information or comments you consider important to this application. Thank you for your prompt response.

There are two quick and easy ways to give a reference, please choose:

C. Email me at Kathleen.nies@viha.ca stating that you will give a reference for and include his/her first and last name. I will email a link to our Survey Monkey and you can quickly and easily give this reference on line.

D. Complete and form and mail it as soon as possible to:

Royal Jubilee Hospital

1952 Bay Street

Victoria, BC V8R 1J6

Attention: Kathy Nies, Manager, Volunteer Resources

Need more information? Contact Kathy Nies at 250-370-8407 or e-mail Kathleen.nies@viha.ca.

1. What is the name of the volunteer applicant you are supplying the reference to?

(Please print) _____

2. What is your name and telephone number?

NAME: _____

TELEPHONE: (W) ^{First} _____ ^{Last} (H) _____

3. How long have you known the applicant?

- | | |
|-------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 1 – 3 years |
| <input type="checkbox"/> 4 – 5 years | <input type="checkbox"/> More than 5 years |

4. What has been the nature of your association? Friends Neighbours
 Colleagues I was his/her employer I was his/her employee
 Other [please specify] _____

5. We are looking for volunteers who:

- are outgoing
- are compassionate
- are non-judgmental
- can maintain confidentiality
- demonstrate initiative
- are reliable
- follow policies and procedures

6. Do you think the applicant will be a good fit with the above qualities?

- Yes No
 Not Sure or Maybe [please specify] _____

VOLUNTEER RESOURCES

Royal Jubilee and Gorge Road Hospitals

7. What are the candidate's three strongest qualities? _____

8. Is the applicant a team player or does s/he work better alone?

Works best alone Works best with a group Works well with both Not sure

9. Please check the box on each line that best describes the applicant:

	Don't Know	Outstanding	Very Good	Good	Needs Improvement
Sensitive to people & their problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to discuss thoughts and feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to talk to others about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates well with fellow workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates well with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treats others honestly and respectfully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relates well with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treats others honestly and respectfully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has good common sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not judge people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welcomes growth and change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses free time constructively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to learn and follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to take suggestions/criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work closely with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to take initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. To the best of your knowledge, is the applicant honest?

Don't know Yes No [please specify] _____

11. If you were in a position to, would you hire/rehire this person?

Not Sure Yes No [please specify] _____

12. Is there anything that hasn't been asked about the applicant that you think is important to share in order to help us determine his/her suitability to volunteer at the hospital?

Signature: _____

Date: _____

Thank you!