

ADULT



# VICTORIA GENERAL HOSPITAL

## ADULT VOLUNTEER APPLICATION PACKET

Petra Slaughter  
Coordinator Volunteer Resources  
1 Hospital Way  
Victoria, B.C.  
V8Z 6R5

Tel: (250) 727-4134  
Fax: (250) 727-4106  
*(Please call if you are faxing)*

Website: [http://www.viha.ca/volunteer\\_resources/](http://www.viha.ca/volunteer_resources/)

## ADULT VOLUNTEER PROGRAM

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 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 Victoria General Hospital, you must be nineteen or over and able to volunteer for a scheduled two-hour shift once a week on a regular basis, or more if you wish.
- 2) Please complete the enclosed *Volunteer Application Packet Forms* and *attach two letters of reference.*
- 3) Upon completion of the *Volunteer Application Packet* please mail to:

**Petra Slaughter**  
**Coordinator Volunteer Resources**  
**1 Hospital Way**  
**Victoria, B.C.**  
**V8Z 6R5**

After receiving your application, and when a tentative placement becomes available, you will then be contacted by phone to arrange a specific date and time for an interview. If accepted into the program, you will be notified and scheduled for a general orientation and area orientation(s); these are to be completed before starting any volunteer assignments. During the intake process, you will receive a take home training manual and videos, where several topics will be covered such as: Confidentiality, Infection Control, Safe Wheelchair Handling, Role of the Volunteer, Safety and Security... etcetera. 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 VGH. If we do not hear from you after 6 months your file will be terminated.

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**If you are an interested and reliable woman or man, I welcome the opportunity to hear from you.**

Petra Slaughter, Coordinator  
Volunteer Resources, V.G.H. site  
**Telephone: 727-4134**  
*Website: [http://www.viha.ca/volunteer\\_resources/](http://www.viha.ca/volunteer_resources/)*

NAME: Mr. Mrs. Ms. Miss		PHONE # Home: _____ Cell: _____
ADDRESS:	CITY:	POSTAL CODE:
DATE OF BIRTH:	AGE:	E-MAIL:
IN CASE OF EMERGENCY PLEASE NOTIFY: NAME:		PHONE #:

PLEASE ATTACH TWO LETTERS OF REFERENCES (Personal, Work, or School)

NAME:	PHONE #:
NAME:	PHONE #:

ARE YOU EMPLOYED?  FULL-TIME  PART-TIME  NO PLACE OF EMPLOYMENT: \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR VOLUNTEER PROGRAM?

VOLUNTEER EXPERIENCE:

WORK EXPERIENCE:

ARE YOU CURRENTLY ATTENDING SCHOOL? IF YES WHAT IS THE NAME OF THE SCHOOL?

YES  NO \_\_\_\_\_

YOUR SPECIAL SKILLS, INTERESTS, HOBBIES?

LANGUAGES - WRITTEN:

SPOKEN:

WHY ARE YOU INTERESTED IN VOLUNTEERING?

WHAT KIND OF VOLUNTEER ASSIGNMENT WOULD YOU LIKE? *Refer to Volunteer Opportunities Checklist in Application Packet*

WILL YOU REQUIRE A PARKING PERMIT?

LICENSE PLATE #:

(Please Circle) - NO / YES (If yes please complete the attached Volunteer Parking Registration Form)

LENGTH OF COMMITMENT: (Please Circle)

3 Months

6 Months

Longer

REQUIRED MINIMAL 60 HOUR COMMITMENT

ALL VGH VOLUNTEERS WEAR UNIFORMS. WHAT SIZE WOULD YOU NEED?  S  M  L  XL  XXL

TIME AVAILABILITY: (Please Check)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNINGS							
AFTERNOON							
EVENINGS							

- I WILL RESPECT CONFIDENTIAL INFORMATION AND THE RIGHTS AND DIGNITY OF ALL PATIENTS AND RESIDENTS.  
 I WILL HONOUR MY COMMITMENT AS A VOLUNTEER AND PROVIDE ADEQUATE NOTICE OF MY ABSENCES.  
 I WILL ABIDE BY THE POLICIES AND STANDARDS OF THE DEPARTMENT OF VOLUNTEER RESOURCES.

DEPARTMENT USE ONLY
SIGNED CONFIDENTIALITY ACKNOWLEDGEMENT ON FILE: YES <input type="checkbox"/>
AREA:
DAYS:
TIME:
START DATE:
ASSIGNMENT:

_____ SIGNATURE OF APPLICANT
_____ COORDINATOR OF VOLUNTEER RESOURCES
_____ DATE

**TUBERCULOSIS SCREENING (Please Circle YES or NO)**

Have you ever had active Tuberculosis? YES / NO  
 Have you been experiencing any of the following symptoms for longer than one month?  
 Persistent cough: YES / NO      Excessive fatigue: YES / NO      Unexplained weight loss: YES / NO  
 Coughing up blood: YES / NO      Excessive night sweats: YES / NO      Persistent fever: YES / NO

**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: \_\_\_\_\_

**GENERAL HEALTH STATUS**

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

**FOR USE BY VOLUNTEER RESOURCES ONLY**

INTERVIEW		FOLLOW UP	
PHOTO ID		REFERENCE CONTACTED	
NAME BADGE		PARKING PERMIT	
TIME SHEET		ASSIGNMENT GUIDE	
CARDEX		VOR ORIENTATION	
UNIFORM		AOR ORIENTATION	

**INTERVIEW NOTES**


**FOLLOW UP NOTES**


**DEPARTURE NOTES**


**TRAINING / IN SERVICES:**

TOPIC:	DATE:
TOPIC:	DATE:
TOPIC:	DATE:



VICTORIA GENERAL HOSPITAL  
VOLUNTEER RESOURCES DEPARTMENT

**STATEMENT OF UNDERSTANDING**

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 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.

**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
- driving record
- past employment and/or volunteer history
- personal references
- other persons or sources as is appropriate for the volunteer service(s) in which I have expressed an interest

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.

**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. Gazette)	<input type="checkbox"/> Newspapers
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**CONFIDENTIALITY**

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) and "Confidential Information – Third Party, VIHA Business and Other Non-Personal Information" (Policy number 1.5.2) 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**

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 Coordinator of Volunteer Resources.

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

Signature _____	Date: _____ / _____ / _____ Day Month Year
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## VOLUNTEER OPPORTUNITIES CHECKLIST

Please check off all of the volunteer assignments that interest you ✓

### ADULT PROGRAM

- Patient Support Visiting and Special Request Volunteer  
 Visiting and leisure activities take place on various units:
  - Gastrointestinal
  - Short Stay Surgery
  - Outpatient Rehab
  - Neurosciences
  - Urology
  - Respiratory
  - General Medicine
  - Geriatric Rehab
  - Gynecology
  - Neurological
  - Sub Acute Seniors
  - Orthopedics
- Auxiliary Membership / Position
- Emergency
- Entertainment
- Garden, Plant & Flower Care Volunteer
- Just Art (1:1 bedside or small groups)
- Community Knitters / Sewers / Crotchet Volunteers
- Library Cart Book and Magazine Service
- Library Volunteer Organizer
- Medical Genetics Program Projects - Student Volunteer
- Monthly Book Sales
- Medical Imaging
- Mammography (Females Only)
- Office (helper/ assistant)
- Recruitment and Intake Volunteer
- Volunteer Orientation Leader
- Volunteer Presenter
- Patient Pre-Admission Clinic
- PARTY Program (Preventing Alcohol and Risk Related Trauma in Youth)
- Pet Visiting (occasional):
  - PATS members of Pacific Animal Therapy Society and approved by VGH - VIHA
- Child Life Volunteer
- Child Life: Surgical Daycare
- Child Life: Special Care Nursery/Neonatal (on call)
- Leisure / Activity Volunteer
- Red Cross Loan Depot Organizer (in coalition with ER)

### We also have an extensive **YOUTH PROGRAM**

- This program runs September to June (with some exceptions during the summer months)
- Do you know any Youth between the ages of 14 and 18 who may be interested?

- Patient Support Volunteer
- Auxiliary Summer Program (July - August)
- Special Request Volunteer
- Summer Garden Volunteer
- Library Cart
- Office Helper
- Hymn Sing
- Toy Cleaning