

Computer entry date: _____

OVERLANDER LONG TERM CARE

953 Southill Street
Kamloops, BC V2B 7Z9

YOUTH VOLUNTEER APPLICATION *School Year Program*

DATE: _____

Name: _____ / _____ Birthdate: _____
Last First Month Day Year
(Minimum age of 14 years)

Home phone: _____ / Cell: _____

Mailing address: _____ Postal code: _____

School: _____

Email address: _____ Grade: _____

Please Check All Boxes For Your Application To Be Accepted Below:

Photo/Media Release Consent

Criminal Record Check Consent

Shared Personal Information Consent: Your personal information will be used by Interior Health for the purposes of scheduling 3rd party data services and any other necessary administrative and Communication in relation to IHA Volunteer Services.

Confidentiality Consent: I will consider as confidential, all information in verbal, written or computerized form, concerning a patient, resident, client, family member, volunteer, doctor or any member of IHA personnel. I will not seek information in regard to a patient/resident/client, nor will I disclose any such information which may come to my attention as a result of my role as a volunteer. I understand failure to do so may result in dismissal.

Do you have any Medical Issues Pertaining to Volunteering? No: _____ Yes: _____

If Yes, please list any Medical Concerns: _____

In case of emergency, please contact:

_____/_____/_____
Name phone # relationship

I will abide by the Rules and Regulations of the Volunteer Services Department, including ensuring that confidentiality is preserved while on duty and after duty has ended. I will make a commitment to endeavour to serve a minimum total of 50 hours towards a Certificate of Service or Reference Letter, Scholarship or Bursary application etc.

Students Signature: _____

Permission to volunteer:

Parents or Guardian Signature: _____

*Please see back of form (page 2) for additional questions.

Please Return completed form to:
Donna Morrison
Coordinator of Volunteer Services
Overlander Long Term, Dept. of Vol. Services (250) 554-5569
E-Mail: Donna.morrison@interiorhealth.ca

Interview: _____
Covid-19 Training & General Orientation: _____
Ministry of Justice Criminal Record Check: _____
Covid-19 Vaccination(s): _____
Name Tag: _____
Nov.-March (Recommended) Influenza Vaccine: _____
Exit Interview: _____

Additional Questions:

Interests, Skills, Special Interests (music, computers, crafts, languages, etc.) _____

Can you play crib / board games? _____

Are you volunteering for school related hours? _____

Previous volunteer experience: _____

Volunteering 1-2 days per week: *Most Volunteer Shifts are 2 ½ - 4 hours * Maybe short away bus trips

Please mark the day(s) that works best for you.

Monday____ Tuesday____ Wednesday ____ Thursday ____ Friday ____ Saturday ____ Sunday____

For Office use only:

Interviewed by: _____ Date: _____

Placement / Activity: _____

Reference comments: _____

Resignation Information / Exit Interview: _____ **Date:** _____