Interior Health

Volunteer Services

South Okanagan General Hospital, McKinney Place and Sunnybank Centre

Volunteer Application Form

"Real generosity towards the future lies in giving all to the present"

-Albert Camus (1913-1960)
French Writer and Philosopher

Please return your completed application to SOGH admitting, Sunnybank Centre, or McKinney Place Recreation department, **addressed to the Coordinator of Volunteers**, or mail it directly to:

Coordinator of Volunteers
South Okanagan General Hospital
911 McKinney Rd
Oliver BC   V0H 1T0

We will be in touch with you once we have received your application form. Should you have any questions or concerns about the application process, please give us a call at (250) 498-5026. Please leave a message if we are unavailable and we will return your call as soon as possible.

We look forward to meeting you!

SOGH Coordinator of Volunteers

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Dear Volunteer,

We would first like to thank you for pursuing a volunteer position within the Interior Health Authority.

All volunteers must be registered with Volunteer Services prior to commencing volunteer activities. Registration/ application forms are required to assist the Volunteer Services Department maintain essential volunteer information for statistical, recognition, insurance, and safety purposes. All information gathered will remain confidential, reviewed only by Volunteer Services staff and/or designates who supervise volunteers.

The process to become a volunteer can take anywhere from 2-8 weeks.

The process takes so long because we have a legal, moral, and ethical responsibility to protect the people within our care, some of who are considered vulnerable. We also want to make an appropriate placement and ensure that all volunteers are fully prepared to take on their responsibilities.

Prior to commencing a volunteer assignment volunteers will need to:
- ❖ fill out and submit an application form (which includes a confidentiality clause)
- ❖ submit a Criminal Record Check to the Ministry of Justice (online faster)
- ❖ attend an interview session
- ❖ attend an orientation/training session
- ❖ have picture taken for photo id

Criminal Record Checks

The residents in our Residential Care facilities are considered "vulnerable adults". These are people that may be physically or mentally challenged and who do not have the capacity to cope with or remove themselves from a threatening or abusive situation.

You, the volunteer, are required to undergo a Criminal Record Check when you are in a "position of trust". Such duties bring you into contact with vulnerable persons in situations where no other employee may be present and your access to vulnerable peoples could potentially be unsupervised.

Our responsibility is to ensure that an individual does not present a risk to our "vulnerable adults". This is a shared responsibility by IHA and the applicant who seeks a volunteer position. Before you volunteer you must complete a check through the following online link and use the access code provided:

Online Link: https://justice.gov.bc.ca/criminalrecordcheck
Access Code: KETF98QZ9L

If you are unable to complete the check online please contact the Volunteer Coordinator to complete the form manually.

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This application form has been developed to assist the SOGH Volunteer Services Department link applicants with the most suitable volunteer positions. All information on this form will remain confidential, reviewed only by Volunteer Services Staff and/or designates who supervise volunteers.

Last name: _____ First Name:_____

Mailing Address:_____ Town:_____ Postal Code:_____

Phone #: Home:_____ Cell:_____ Other:_____

E-Mail Address:_____

Date of Birth:_____/_____/_____
               month   day   year (optional)

Interests, skills, qualifications (languages, music, crafts, etc.): _____
_____
_____

Occupation and volunteer activities involved in (current or former):_____
_____
_____

Circle best time to Volunteer: Weekends   Days   Evenings

Factors that may limit volunteer placement (health, time restraints): _____
_____

How did you hear of this volunteer program?_____

Local person to contact in case of emergency:

NAME	RELATIONSHIP TO YOU	PHONE NUMBER
1.		

At which site/ program do you want to volunteer? (Mark all that apply)

Sunnybank Centre []   McKinney Place []   Acute Care []

What kind of volunteer assignment would you like?_____

If you have a vehicle are you willing to use it for volunteer purposes?_____

Please list a reference name and contact number that we can follow up with:

Name:_____ Phone:_____ Relationship:_____

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Volunteer's Pledge

1.   I will conduct myself with dignity, courtesy and consideration upholding the Code of Ethics and Standards of the facility.

2.   I will be punctual and conscientious in the fulfillment of my duties and accept supervision graciously; I will take any problems, criticisms or suggestions that I have to the Volunteer Services staff directly.

3.   I will not become involved in the personal affairs of clients, residents, or their family members relating to any legal, financial, property matters or personal belongings.

I understand the Volunteer Pledge and agree to abide by those standards while working as a Volunteer in Interior Health.

Signature: _____ Date: _____

CONSENT:
   I consent to a Criminal Record Check and/or a personal reference check to be done to ensure the protection of children and other vulnerable clients/ residents under IH care.

CONFIDENTIALITY:
   I will consider as confidential, all information in verbal, written or computerized form, concerning a patient, resident, client, family member, doctor or any member of IHA personnel, and 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.

Signature:_____ Date: _____

FOR OFFICE USE:

Interviewed by_____ Date _____

Placement/ Activity _____

Photo taken []   Position Description []
Police Record Check []   ID Tag Received []
Volunteer Handbook []   Orientation []   Date/Time:_____

RESIGNATION INFORMATION/ EXIT INTERVIEW: Date:_____

Information:_____
_____
_____
_____
_____