



**OVERLANDER LONG TERM CARE**

953 Southill Street  
Kamloops, BC V2B 7Z9

Computer entry date: \_\_\_\_\_

**YOUTH VOLUNTEER APPLICATION**

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

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

Home ph: \_\_\_\_\_ / Cell: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Postal code: \_\_\_\_\_

\_\_\_\_\_ School: \_\_\_\_\_

Email address: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Monday\_\_\_ Tuesday\_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_ Sunday\_\_\_

Do you have any disabilities? No \_\_\_ Yes \_\_\_ If yes, explain \_\_\_\_\_

Are you on any medication? No \_\_\_ Yes \_\_\_ If yes, explain \_\_\_\_\_

In case of illness, 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 serve a minimum total of 50 hours.**

Students Signature: \_\_\_\_\_

Permission to volunteer:

Parents or Guardian Signature: \_\_\_\_\_

Return completed form to: Donna Lofstrom-Bell, Manager, Volunteer & Pastoral Resources  
Overlander Long Term, Dept. of Vol. Services, (250) 554-5569  
953 Southill St. Kamloops BC V2B 7Z9  
E-mail: Donna.Lofstrom-Bell@interiorhealth.ca

Interview: \_\_\_\_\_

Covid-19 Training & General Orientation: \_\_\_\_\_

Ministry of Justice Criminal Record Check \_\_\_\_\_

Covid-19 Vaccination (s) \_\_\_\_\_

Name Tag \_\_\_\_\_

(Recommended) Influenza Vaccine: \_\_\_\_\_

Exit Interview: \_\_\_\_\_

**For Office use only:**

**Interviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Placement / Activity:** \_\_\_\_\_

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**Reference comments:** \_\_\_\_\_

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**Resignation Information / Exit Interview:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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