

Name <i>(please print)</i>		Volunteer ID#
Address	City	Prov. Postal Code
Home Phone Number	Cell Phone Number	Email Address
Birthday <i>(mm/dd)</i>	Age Group <input type="checkbox"/> 14-18 <input type="checkbox"/> 19-30 <input type="checkbox"/> 31-50 <input type="checkbox"/> 51-70 <input type="checkbox"/> 70+	
Emergency Contact (Full Name)		Emergency Contact Phone Number
Are there any limitations that affect your volunteer assignment		
Availability		Present or Former Occupation
Volunteer Experience		
Interests, Special Skills, Hobbies or Qualifications (Music, Crafts, Computers)		
Languages (Spoken/Written)		
Indicate why you wish to volunteer and what you hope to gain in your volunteer experience with us?		

Give two personal References (other than family/relatives)

Name	Relationship	Phone Number
Name	Relationship	Phone Number

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. NOTE: Your personal contact information will be used by Interior Health for the purposes of scheduling your shifts, 3rd party data service, and other administrative functions and communications relating to Volunteer Services.

PARENTAL/GUARDIAN CONSENT: For applicant 12-18 yrs: _____

Volunteer Signature	Volunteer Services Staff	Date (mm/dd/yyyy)
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Volunteer Application

Are you able to handle wheelchairs? *(Wheelchairs are collapsible and can weigh approximately 30-35lbs)* **Yes** **No**

Department Use ONLY

Recruitment Source	<input type="checkbox"/> Confidentiality Form <input type="checkbox"/> Database <input type="checkbox"/> Orientation <input type="checkbox"/> Parking Permit <input type="checkbox"/> Photo ID <input type="checkbox"/> Police Record Check <input type="checkbox"/> References <input type="checkbox"/> Uniform
Food Safe <input type="checkbox"/> Yes <input type="checkbox"/> No To be added to list:	
Interviewer Comments	
Start Date <i>(dd/mm/yyyy)</i>	Area Assigned

References Checked

1 (Name and Date-dd/mm/yyyy)	2 (Name and Date-dd/mm/yyyy)
Reference Comments	

Orientation Buddy/Shifts

Dates <i>(dd/mm/yyyy)</i> /With		

RESIGNATION INFORMATION

End Date <i>(dd/mm/yyyy)</i>	Photo ID Retrieval	Uniform Retrieval
Date letter sent out <i>(dd/mm/yyyy)</i>	Date Items Returned <i>(dd/mm/yyyy)</i>	