

Personal Information

Mr Ms Mrs Miss Other _____ Preferred First Name: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: [][][][] [][][][]

Telephone: Home: (____) _____ Business: (____) _____

Cell: (____) _____ E-Mail: _____

Note: Your personal contact information will be used by Interior Health for the purposes of scheduling your shifts and other administrative functions and communications relating to Volunteer Services.

Interests

Why are you interested in volunteering for RIH? _____

What type of volunteer programs interest you? _____

Please indicate blocks of specific times that you are available for volunteer work in the spaces provided:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
EVE							

Would the times be regular, or would they need to change frequently? Regular Change

If your hours would change frequently, please explain: _____

Abilities/Skills

List any hobbies/skills/interests: _____

Do you speak and/or write languages other than English: No Yes

If YES, please specify: _____

Office Use Only:

Rec'd Date:	On Hold Date:
Comments / Notes:	

**Return completed applications to: Royal Inland Hospital – place in drop box on the 2nd floor next to the Switchboard/Cashier OR mail to Attn: Volunteer Services - 311 Columbia Street, Kamloops, BC, V2C 2T1
Phone: 250-314-2313 Fax: 250-314-2795**

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History (Volunteer, Employment, Education, Training)

VOLUNTEER: Are you presently a volunteer? No Yes

If yes, where: _____ How long? _____

Have you volunteered for Interior Health? No Yes, when/where: _____

Describe any previous volunteer experience: _____

Are you interested in being a member of the Afternoon Auxiliary? Yes No

EMPLOYMENT: Are you currently employed: Yes No Full Time Part Time Casual

Current Employer: _____

May we contact you at work: Yes No

Previous Employment: (attach resume if you wish) _____

EDUCATION/TRAINING: If you are currently a student, what school/university do you attend:

Area of Study: _____ Year/Grade: _____

List any past relevant education/training you have: _____

References

Please provide two references (not relatives) that have known you for at least 6 months (E.g. coach, teacher, or previous supervisor). Please inform your references they will be contacted.

Name of Reference #1: _____ Relationship: _____ Phone: (____) _____

Name of Reference #2: _____ Relationship: _____ Phone: (____) _____

Emergency Contact Person: Name: _____ Relationship: _____

Telephone: Home: (____) _____ Business: (____) _____ Cell: (____) _____

Parent/Legal Guardian Consent: (applicants under 19 years old)

I, _____, (Print Your Name) grant my child, _____ (Child's Name), permission to participate in the Volunteer Program at _____ (Organization Name).

Signature of Parent/Guardian: _____ Date: _____

**** Please read the following carefully before signing this application ****

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/resident under IH care.

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.

Volunteer Signature: _____ Date (dd/mm/yyyy): _____