Interior Health

# VOLUNTEER APPLICATION
## Orchard Haven

## Personal Information

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Other _____ **Preferred First Name:** _____

**Last Name:** _____ **First Name:** _____

**Address:** _____

**City:** _____ **Postal Code:** |__|__|__| |__|__|__|

**Telephone:** Home: (___) _____ Business: (___) _____

Cell: (___) _____ E-Mail: _____

## Interests

**Why are you interested in volunteering?** _____

_____

**What type of volunteer programs interest you?** (Examples: Tuck shop, bingo, one to one visits, outings, pet visits, special events, evening programs, crafts)

_____

_____

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/clubs/organizations:**

_____

_____

**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 application to:**

Orchard Haven, 700 3rd Street, Keremeos, BC, V0X 1N3. Phone: 250-499-3021
Attention: Eirinn MacDonald. eirinn.macdonald@interiorhealth.ca

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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:** _____

**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):*** _____