Interior Health
Every person matters

OVERLANDER LONG TERM CARE
953 Southill Street
Kamloops, BC V2B7Z9

Computer Entry Date: ________________

Auxiliary to Overlander Extended Care Hospital*

***Registered name**

VOLUNTEER APPLICATION

Date: ______________________
Name: _______________________/________________________
Last First
Home ph:____________________/ Cell:______________________/ Business:____________________
Mailing address: ____
____ /Postal code: _______________
Email address: ____
In case of emergency, contact:
Name:_________________________________ Relationship:_____________ Phone: ______________

Auxiliary to Overlander Extended Care Hospital (hereafter known as Auxiliary) **Requirements:** The Auxiliary is a 100% volunteer based fundraising organization and is a registered charity that encourages the following attributions from every member: honesty, integrity, reliability, punctuality, accountability, respect of self and others, cheerful and willing attitude, and a willingness to have a good time.

Please indicate which of the following Auxiliary opportunities that are of interest to you:
Country Gift Shop____ Board of Directors____ Fundraising Events____ Other_____________
Interests and Abilities:
Please list any hobbies, skills, interests and experiences or ideas:
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____
References: Please provide two references (not relatives): *(Please inform your references that they will be contacted)*
(Please Print)
Name:___________________________ Phone:_____________ Email: ___________________________
Name:___________________________ Phone:______________ Email: __________________________

How did you hear about the Hospital Auxiliary? ____
Volunteer Experience:____
Work Experience: ____
Do you have any health issues that you wish to make us aware of?
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Time Availability: (Please check)
Monday___ Tuesday___ Wednesday___ Thursday___ Friday___ Mornings___ Afternoons___

For an Interview / Appointment contact:
Donna Lofstrom-Bell, CVA
Manager of Volunteer/Pastoral Resources
Overlander Long Term Care & Trinity Hospice
250-554-5569
e-mail: Donna.Lofstrom-Bell@Interiorhealth.ca

Interview: _____________
Reference: _____________
Covid training & Orientation: _____________
Ministry of Justice C.R.C. Clearance Check: ____________
Covid-19 Vaccine: ________ Influenza Vaccine: ________
Exit interview: _____________

Auxiliary to Overlander Extended Care Hospital
Mission Statement

Our Mission is to provide specialized medical, recreational, and therapeutic equipment and services to enhance the quality of life, physically, mentally, and spiritually for the Residents of Overlander Long Term Care and the Patients of Trinity Hospice Care.

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.

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. I will not seek information regarding 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.

I understand that I will pay nominal annual dues.

I understand and give permission for the Auxiliary of Overlander Extended Care Hospital to keep a record of my personal information and that it will remain confidential to the Auxiliary. I understand that this information may be disclosed to any party with legal and proper interest, and I release the Auxiliary from any liability whatsoever for supplying such information. I will honour my commitment as a volunteer and provide adequate notice of my absences.

I will abide by the bylaws, policies and procedures of the Auxiliary and promise to serve our community without regard for race, religion, political views and without benefit to personal interests."

Signature: ____ ***Date***___________________

Auxiliary Use Only:

Rec'd Date: Approved Date: Approved By:____

Comments / Notes: ____

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