

Computer entry date: _____

OVERLANDER LONG TERM CARE

953 Southill Street
Kamloops, BC V2B 7Z9

ADULT/STUDENT (circle one) VOLUNTEER APPLICATION

DATE: _____

Name: _____ / _____ Birthdate: _____
Last First Month Day

Home phone: _____ / Cell: _____

Mailing address: _____ Postal code: _____

Email address: _____

Please Check All Boxes for Your Application to be Accepted Below:

- Photo/Media Release Consent
- Criminal Record Check Consent
- Shared Personal Information Consent: Your personal information will be used by Interior Health for the purposes of scheduling 3rd party data services and any other necessary administrative and Communication in relation to IHA Volunteer Services.
- Confidentiality Consent: I will consider as confidential, all information in verbal, written or computerized form, concerning a patient, resident, client, family member, volunteer, doctor or any member of IHA personnel. I 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.

Do you have any Medical Issues Pertaining to Volunteering? No: _____ Yes: _____

If yes, please list any Medical Concerns: _____

In case of emergency, please give name of a local person to 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 endeavour to serve a minimum total of 50 hours towards a Certificate of Service or Reference Letter, Scholarship or Bursary application etc.

Applicant Signature: _____

***Please see back of form (page 2) for additional questions.**

Please Return completed form to:
Donna Morrison
Coordinator of Volunteer Services
Overlander LTC. Volunteer Services (250) 554-5569
E-Mail: OVHVolunteerServices@interiorhealth.ca

Interview: _____
Interview & General Orientation: _____
Ministry of Justice Criminal Record Check: _____
Name Tag: _____
Nov.-Mar (Recommended) Influenza Vaccine: _____
Training Courses: _____
Exit Interview: _____

Additional Questions:

Interests, Skills, Special Interests (music, computers, crafts, languages, etc.) _____

Occupation and Volunteer activities involved in: (current or former) _____

Can you play crib / board games? _____

Previous volunteer experience: _____

Best time to volunteer: *Most Volunteer Shifts are 2 ½ - 4 hours * Maybe short away bus trips

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

Monday____ Tuesday____ Wednesday ____ Thursday ____ Friday ____ Saturday ____ Sunday____

Days (time between 9 a.m.-4:30 p.m.) _____ **Evenings** (5:30 – 7:30 p.m.) _____

Factors that may limit volunteer placement: (health, time restraint) _____

How did you hear of this volunteer program? _____

Please list a Reference name and contact number that we can follow up with:

_____/_____/organization _____
Name phone #

Parent Permission to volunteer at Overlander LTC if under the age of 18 years old:

Parents Name Parents Signature

For Office use only:

Interviewed by: _____ **Date:** _____

Placement / Activity: _____

Reference comments: _____

Resignation Information / Exit Interview: _____ **Date:** _____