

Applicant Information

Name (Last, First)		Date:
Address	City	Province
		Postal Code
Home phone number:	Cellphone number:	Email Address:
Date of Birth (DD / MM / YYYY)	Other information:	
Emergency Contact Name:	Relationship:	Phone Number:
Emergency Contact Name:	Relationship:	Phone Number:

References: Please provide **two** personal or professional references (other than family / relatives)

Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:

Volunteer Experience and Interest

Check availability (check all that apply)	
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
Check preferred volunteer times:	
<input type="checkbox"/> Morning (8-12) <input type="checkbox"/> Afternoon (12-4)	
Select area of interest in the PRH volunteer opportunities:	
<input type="checkbox"/> Information Desks – greet and wayfinding <input type="checkbox"/> Clinic Desks – outpatient appointments <input type="checkbox"/> Westview Extended Care – visiting, activities <input type="checkbox"/> Visiting – visit patients in acute care <input type="checkbox"/> Recycling – collect bottle, cans, containers on site	<input type="checkbox"/> Retail – On-site Gift Shop <input type="checkbox"/> Meal Delivery – Meals on Wheels <input type="checkbox"/> Pet therapy – registered service animal, visits <input type="checkbox"/> SOS Café – On site café barista and meal prep



VOLUNTEER APPLICATION FORM PENTICTON REGIONAL HOSPITAL

Volunteer Experience and Activities (past/present):

Interests, Skills, Hobbies:

Anything we missed?



Volunteers Pledge

1. I will conduct myself with dignity, courtesy and consideration upholding the Code of Ethics and Standards of the facility.
2. I will be punctual and conscientious in the fulfillment of my duties and accept supervision graciously. I will take any problems, criticisms, or suggestions that I have to the Volunteer Services Coordinator directly.
3. I will not become involved in the personal affairs of clients, residents, or their family members relating to any legal, financial, property matters or personal belongings.

Signature: _____

Date: _____

Consent

I consent to a Criminal Record Check and a personal reference check to be done to ensure the protection of children and other vulnerable clients/residents under Interior Health's care.

Confidentiality

I will consider all information in verbal, written or in computerized form concerning a patient, resident, client, family member, doctor or any staff member as confidential and will not seek information in regard to the above; 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 shifts, third party data service and other administrative functions and communications relating to Volunteer Services.

Signature: _____

Date: _____