Thank you for your interest in volunteering for the Junior Auxiliary Program at Peace Arch Hospital (PAH). This program offers the opportunity to learn new skills and gain experience in a health care setting.

- Volunteer Resources takes special care and attention in the selection and placement of our volunteers so it is very important to take your time in reviewing the information contained in this package.

**Peace Arch Hospital is now recruiting Junior Auxiliary Volunteers for placements beginning October 2012 – May 2013.**

Volunteers with exceptional measures of success will be offered to extend their volunteer placements beyond May 2013 pending the availability of a suitable volunteer role at a mutually agreeable time.

The following are the necessary criteria for individuals to be considered for a volunteer placement at PAH Fall 2012:

- Volunteers must be 14-18 years of age
- Selected volunteers MUST be available to attend a mandatory volunteer orientation session of which the date and time will be provided at the time of interview
- Volunteers must be available to volunteer one time/week at a mutually agreeable time with little exception for absence
- Enrolled in high school
- English as a proficiency
- Provide two references

Please be reminded many people will meet these criteria as they are basic criteria for application purposes. Selection of new volunteer candidates is based on a successful interview process and the availability of volunteer placements.
The following are the expectations of volunteers who are accepted into the Junior Auxiliary Volunteer Program:

Volunteers who are accepted into the program must consider this placement as a commitment and will be available to volunteer on a weekly consistent basis from October 2012 – May 2013.

When an applicant is offered a placement at PAH it is expected that this placement will take precedence over other opportunities that will arise. Consistency in care and services provided to residents & patients at PAH depends on volunteer availability.

Letters of reference will be provided if the volunteer attends regularly with excellent performance measures such as:

1. The volunteer takes initiative in their volunteer role and is able to work independently and as a part of a team
2. The volunteer dresses appropriately and always wears a volunteer ID badge and name tag
3. The volunteer attends all volunteer shifts with some exception for illness or family emergency
4. The volunteer is friendly and courteous and provides great customer service to residents and staff at PAH
5. The volunteer maintains good communication with the Coordinator of Volunteer Resources and responds to telephone inquiries and email communications in a prompt and informative manner

- Completed application packages must be returned to the Information Desk at PAH no later than September 28th, 2012 at 4:00 pm.
- Incomplete or late applications WILL NOT BE ACCEPTED
- Only those volunteer candidates short listed for interviews will be contacted
- Volunteer placements are not guaranteed and are subject to the number of available volunteer positions
Last Name: _________________________  First Name: ___________________________

Date: ______________________________

Your package must contain the items below. Check off the items as you complete them and attach this checklist to the front of your package assembled in the following order:

☐ Application form (with parental consent completed)
☐ Signed Statement of Understanding (parent & student signature required)
☐ Completed essay question
☐ Two (2) references. Please see criteria indicated on the reference form provided

Return your completed application to the Peace Arch Hospital Information Desk no later than 4:00 pm on September 28th, 2012.

**Incomplete or late applications will NOT be considered.**
Personal Information
The following questions provide important contact information for Resources to be able to contact the applicant. Please print responses neatly.

Date: ____________________________________________________________
Last Name: _______________________________________________________
First Name: _______________________________________________________ 
Address: _________________________________________________________
City: ____________________________ Province: _________________ Postal Code: ____________
Home Phone: ________________________ Cell Phone: ______________________
Email: __________________________________________________________________________
Citizenship: □ Canadian □ Other: _______________________________________________________
School: __________________________________________________________________________
Grade: □ 9 □ 10 □ 11 □ 12
Age at time of application: __________________________

In case of emergency, contact
Name: _______________________________________ Relationship: ____________________________
Home Phone: ______________________________ Other Phone: ______________________________

Interests
List any hobbies/skills/interests/experiences: ____________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

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

If yes, please specify: __________________________________________________________

Why are you interested in volunteering for us? _________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Can you volunteer on a regular basis, once a week? □ Yes □ No

<table>
<thead>
<tr>
<th>Hours</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 am-12 pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:30-3:30 pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5:30-7:30 pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Interests continued

Are you currently employed? ☐ Yes ☐ No ☐ Full Time ☐ Part Time ☐ Casual
Are you presently a volunteer? ☐ Yes ☐ No
If yes, where: _____________________________________ How long? ____________________________

Have you volunteered in a health care setting? ☐ Yes ☐ No
If yes, when/where: ________________________________

Have you any specific health care training: ☐ Yes ☐ No
If yes, describe: ________________________________________________________________

Reference and Consent

** Please read the following carefully before signing this application and note that only those considered for placement will be contacted for an interview**

References: attached are two reference forms. Have 2 people (i.e. supervisor, manager, teacher, counselor, co-worker, etc not anyone related to you) complete the forms. Ensure that the referee seals the completed forms in an envelope with your full name on it. The letters should be attached to your application package prior to submitting to Volunteer resources.

“I ______________________________ (Print your name) confirm that the information in this volunteer application is complete and true. I understand and agree that any omission or misrepresentation with respect to the information given may be cause for refusal of volunteer placement, or if I am a volunteer of Fraser Health, may be cause for immediate termination. I understand that a Criminal Record Check may be required for some positions.

I understand, and give permission for Fraser Health to keep a record of my personal information on site and that it will remain confidential to Fraser Health. I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information.

Signature: ___________________________ Date ___________________________

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 Peace Arch Hospital. I understand the time commitment and support them in meeting the program eligibility conditions of this application.

Signature of Parent/Guardian: ___________________________ Date: __________

Office Use Only

Date Received: _____________________ Date Contacted: _____________________
Interview: ______________________ On hold: ______________________
Reference letter: __________________ Orientation: ______________________
Placement: ______________________
Peace Arch Hospital (PAH)
Junior Auxiliary 2012/2013 Volunteer Program
Fall/Winter

Statement of Understanding
“Volunteer applicant AND parent/guardian must sign this form and return it with your completed application package”

Dearest volunteer applicant and parent or guardian,

Welcome to Peace Arch Hospital Junior Auxiliary Fall/Winter Volunteer Program. By now I am sure you aware that your child has applied to volunteer at PAH for our Junior Auxiliary Volunteer Program; a program for high school students who wish to volunteer and gain experience in a health care setting.

Timeline to Apply
Potential volunteers are asked to submit their completed application package to the Information Desk no later than September 28th at 4:00 pm; late or incomplete applications will not be considered for volunteer placement.

Commitment
Through receipt of your child’s application they acknowledge they will be available to volunteer one time per week, for two hours beginning October 2012 to May 2013 if accepted into the volunteer program at PAH.

Volunteer Placement
Parents and students must be aware that volunteer placements are not guaranteed. As is tradition PAH receives more volunteer applications than we have placements to offer. Only those volunteers who are shortlisted for an interview will be contacted. Please be reminded not everyone who is invited to interview will be offered a volunteer placement.

If your child is one of the successful applicants following a mandatory volunteer orientation he/she will be placed to volunteer in one of the following areas.

Acute Care
Residential Care
Gift Shop
Superfluity Shop (off site)

Volunteers are placed according to patient/resident needs so not all of these areas may be recruiting volunteers at the time of application. Placements will be made at the discretion of the Coordinator(s) of Volunteer Resources and applicants should be prepared to be placed in any one of the above mentioned areas.

Letter of Reference
As per the information supplied in the cover letter of this application your child may request a letter of reference following 6 months of consistent exemplary volunteer service. Letters of reference are only provided if warranted (please do not assume your child will be provided with a
letter) and the volunteer meets the specified measures of success as outlined in the cover letter of this application package.

**Absence from Volunteering**
Students are expected to be able to volunteer on a weekly basis. If illness, injury or family emergency occurs volunteers are asked to call their designated supervisor in a timely manner. Volunteers can be dismissed from volunteer duty following any unexplained absence or breach of hospital policy and procedures. Under these circumstances no letter of reference will be provided.

If you have any questions or require further information about this program please contact Julie Dahl or Jenn Walker at the number or email address listed below.

Sincerely,

Julie Dahl                     Jenn Walker,
Coordinator, Volunteer Resources  Coordinator Volunteer Resources
Phone: 604-535-4500 ext 757477  Phone: 604-535-4500 ext 756708
Email: julie.dahl@fraserhealth.ca  Email: jenn.walker@fraserhealth.ca

Please sign and return along with application package

Parent/Guardian:________________________________

Student:_______________________________________
Dear applicant,

Thank you for applying to volunteer at Peace Arch Hospital. Your application will be reviewed and considered among many others.

As a means to get to know our applicants better you are required to complete the essay question below to be submitted with your application form.

If approved to volunteer you will be working with a vulnerable population in a professional environment. In 350 words please tell us how you will help to brighten the lives of the residents and patients you will be serving and why you should be approved to volunteer over and above all other applicants. Please include information about your personality; how you relate to others and your ability to commit to volunteering one time per week with regular attendance over the course of the school year.

Essay’s must be typed and submitted on standard letter sized paper. Please adhere to word limits and the essay must be written entirely by you,

We wish all applicants the best of luck,

Julie Dahl  
Coordinator Volunteer Resources  
Peace Arch Hospital, Residential Care

Jenn Walker  
Coordinator Volunteer Resources  
Peace Arch Hospital, Acute Care
Attention Applicant: This form is to be completed by one reference. In total you will provide two references one of which must be a teacher from the school you are presently enrolled in. The other may be a manager, counselor, supervisor, co-worker or somebody that knows you well but not a direct relation. Please return two references with your complete application package.

I, ______________________________ (volunteer applicant’s full name – please print), give permission for the person below to provide a reference for me for the purpose of volunteering with the Fraser Health, Peace Arch Hospital Junior Auxiliary Program.

Applicant’s Signature: ____________________________ Date: ________________________

This section is to be completed by Referee (PLEASE PRINT). The completed form must be sealed in an envelope by the Referee. This is confidential information that will become part of the applicant’s volunteer file.

Referee’s Name (First and Last): ________________________________

Telephone: (Daytime) ____________________________ (Evening) ____________________________

Address: _______________________________________________________________________

City: ____________________________ Province: ____________ Postal Code: _____________________

In what capacity and how long have you known the applicant?
__________________________________________________________________________________

Why would you recommend that this applicant volunteer in a health care setting?
__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Is there any reason you can give why the applicant should not volunteer in a health care setting?
__________________________________________________________________________________

__________________________________________________________________________________
Do you believe that the applicant has the ability to work independently and with minimal supervision?
_____________________________________________________________________________________

Please describe the reliability of the applicant. (Does he/she show up on time? Is he/she able to follow through with commitments?)
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Please describe how the applicant works with others.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Is there any reason you can give why the applicant should not volunteer with vulnerable seniors/clients or should not be entrusted with confidential information or other resources?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Is there any other information that you would like to share with us?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Referee’s Signature: ________________________________________ Date: ______________________

**Note: Volunteer Resources will contact the Referee for additional information, if necessary**

Please seal the completed form in an envelope and return it to the applicant. They will attach this form to their Junior Auxiliary Volunteer application package.