Thank you for your interest in volunteering for Surrey Memorial Hospital (SMH) and/or Jim Pattison Outpatient Care and Surgery Centre (JPOCSC). Volunteer involvement is essential to the quality and continuity of health care services in Surrey. For this reason, Volunteer Resources takes special care and time in the selection and placement of volunteers so please review the important information below.

Volunteer Requirements:

Minimum Age and Commitment:
- Surrey Memorial Hospital – minimum 16 years of age for most programs (volunteers under 18 require parental/guardian consent)
- Jim Pattison Outpatient Care and Surgery Centre – minimum 18 years of age
- Able to maintain a regular schedule for 6 months (shifts are 2-6 hours once/twice a week)

Other Requirements:
- Able to communicate effectively in English
- Two references (not close friends or family members)***
- Legally eligible to volunteer in Canada (i.e. Canadian Citizen/Permanent Resident)
- A criminal record clearance, if selected
- Additional requirements - refer to “Volunteer Program List” for role requirements

The Selection Process Includes:

Screening includes application, interview, references, orientation and training. Placement is based on your skills, abilities, interests, schedule, ability to commit and the availability of a suitable placement. *Only those considered for placement will be contacted for an interview*. If you are not selected for placement, your application will be kept on file for six months.

High school students: A 2 month summer program is available to students between 16-19 AND in grade 11 & 12. Since weekend/evening placements are limited, consider applying for the youth program. Information is available in April at www.fraserhealth.ca.

Please visit www.govolunteer.ca to see our current openings. If interested in these openings, then complete the application form (include resume, if you wish) and return it to:

Mailing Address: Volunteer Resources Department Main Office
Surrey Memorial Hospital
13750 96th Avenue, Surrey, BC V3V 1Z2

Or Fax: (604) 585-5669 or contact us at phone: (604) 588-3381

Or Email: volunteer.smh@fraserhealth.ca

Thank you.
VOLUNTEER APPLICATION
for [ ] Surrey Memorial Hospital
[ ] Jim Pattison Outpatient Care and Surgery Centre [ ] Both Facilities

Personal Information

[ ] Mr  [ ] Ms  [ ] Mrs  [ ] Other  Preferred First Name: ______________________________

Last Name: ___________________________________________ Legal First Name: ___________________________

Address: __________________________________________________________ City: ___________________________

Postal Code: ________  ________  ________  Preferred Contact: [ ] Home  [ ] Cell  [ ] Email  Times: ____________

Telephone: Home: (____) __________ Business: (____) ____________ Cell: (____) ____________

Other: (____) ____________ E-Mail: ___________________________

Citizenship: [ ] Canadian/Permanent Resident  [ ] Other: ___________________________________________

Age Group: [ ] under 19  [ ] 19-25  [ ] 26-40  [ ] 41-60  [ ] Over 60  Birthdate: Day: ______  Month: ______

Interests

Why are you interested in volunteering for us? _______________________________________________________

Which volunteer programs interest you most and match your schedule, list in order of preference?

Can you volunteer the same day & time once a week for 6 months?  [ ] No, Reason: __________________________

[ ] Yes, Please indicate blocks of specific times you are available to volunteer in the spaces provided:

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Schedule is valid from:_________________________ To: ___________________________

Abilities / Skills

List any skills/experience/hobbies/interests: _______________________________________________________

Do you speak and/or write languages other than English: [ ] No [ ] Yes, Specify: __________________________

Office Use Only:  Rec’d Date: ____________  On Hold Date: ____________

Comments / Notes: ________________________________________________________________

Return completed applications to: Surrey Memorial Hospital, Attn: Volunteer Resources Department
c/o SMH, 13750 96 Ave., Surrey, BC V3V 1Z2  or Fax: 604-585-5669 or Email: volunteer.smh@fraserhealth.ca
History (Volunteer, Employment, Education, Training)

VOLUNTEER: Are you presently a volunteer? □ No □ Yes, where: ______________________ How long? ____

Have you volunteered for Fraser Health? □ No □ Yes, when/where: ______________________________________

Describe any previous volunteer experience: ___________________________________________________________
_________________________________________________________________________________________________

EMPLOYMENT: Status □ Full Time □ Part Time □ Casual □ Unemployed □ Seeking □ Retired
Current Employer: __________________________________________ May we contact you at work: □ Yes □ No

Previous Employment/Work experience: (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: ______________________________________________________

Have you any specific health care training: □ No □ Yes, If yes, describe: ________________________________
_________________________________________________________________________________________________

References

Please provide two references business or volunteer related that have known you for at least 1 year; NOT relatives/doctors/close friends (Please inform your references they will be contacted.)

Name: ____________________________ Phone: (____) __________________
Business/Volunteer Relationship to you: ___________________ Email: __________________

Name: ____________________________ Phone: (____) __________________
Business/Volunteer Relationship to you: ___________________ Email: __________________

In addition to written and verbal references, most programs require a Criminal Record Check. Are you willing to have one if you are selected? □ Yes □ No

Emergency Information: In case of emergency, contact Name: ____________________________
Telephone: Home: (____) ____________ Business: (____) ____________ Cell: (____) ____________

Parent/Legal Guardian Consent: (applicants under 18 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 ____________________________, (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 authorize Fraser Health to contact the references listed and give permission to these references to release all relevant information requested.”

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: ____________