

**Langley Memorial Hospital Auxiliary
VolunTEEN Program
For Teens 16-18 Years old

Application Package 2019**

Thank you for your interest in the Langley Memorial Hospital Auxiliary VolunTEEN Program. This is a 3 part program Acute/Residential Care/Auxiliary Thrift Store. This 10 month program will give you the opportunity to learn new skills and gain experience within the healthcare environment.

To be eligible you must be:

- 16 to 18 years old – Proof of age is required
- Living in Langley or attending a Langley area school (or graduated and under 19)
- Commit to the duration of the program from October 1, 2019 to August 30, 2020.
- Committed to a regular shift once a week for 2-3 hours (Same shift each week)
- Attend mandatory interview
- Attend mandatory training session – September 21, 2019
- Have a desire to pursue a career in healthcare
- Proficient in the English language
- Able to read, understand, and complete this application exactly as requested

All applicants will be notified and those short-listed will be contacted for an interview via Email by Friday August 30th. Interviews will be scheduled the week of September 9th and 16th.

Should you have any questions please contact VolunteerResourcesLMH@fraserhealth.ca

Completed application packages must be submitted by August 15th, 2019. Incomplete, late, or incorrect applications will NOT be considered.

LMH Auxiliary VolunTEEN Program Application Checklist

Your package must contain the items listed below. Check off the items as you complete them.

1. Complete online Application Form with a copy of your resume.
2. Upload copy of identification for proof of age (i.e. birth certificate, citizenship certificate/card, driver's license, BC ID or Passport).
3. Upload completed copy of parental consent.
4. Upload two completed reference forms.

References can be completed by a supervisor, manager, teacher, counselor, co-worker, family friend over 19 year of age, etc (*Not by your doctor or anyone related to you*)

Completed application packages, as outlined above, must be received by
Friday, August 15th, 2019

****Incomplete or late applications *will NOT be considered*****

If you have any concerns or questions please Email
VolunteerResourcesLMH@fraserhealth.ca

**This Program is generously sponsored
by the LMH Auxiliary**

LMH Auxiliary VolunTEEN Program Position Description & Consent

Meet and Greet (Information Desk)

In the Meet and Greet role, VolunTEENS will work to support our patients and clients as well as their families and visitors at Langley Memorial Hospital. Greeters direct and escort people to all areas of the building; they help to locate patients, answer general questions and support everyone that walks through our doors. The Meet and Greet position is an important role and customer service experience is an asset.

Dining Room Host / One to One Visitor (Hospital and Residential Care)

In the Dining Room Host role, VolunTEENS assist with social and fun activities that enhance the quality of life for our patients. VolunTEENS socialize with patients and bring them into the dining area during mealtimes. They deliver meal trays to patients and provide hand gel and clothing protectors. They encourage socializing and activities such as playing cards or solving puzzles. This role requires VolunTEENS who enjoy working with seniors as well as other age groups and who are caring, outgoing and independent.

Library Rounds

In the Library Rounds role, VolunTEENS move from unit to unit offering patients reading materials and friendly visits. The library cart is an important service that will be offered to patients at Langley Memorial Hospital. Some patients have few visitors and often a friendly chat or reading material is valued. In this role, VolunTEENS need to be friendly, outgoing, and comfortable entering patients' rooms while offering this important service.

Auxiliary Thrift Shop (July to August)

In the Thrift Shop role, VolunTEENS provide customer service to those visiting the shop. Helping customers with purchases, restocking, and cleaning are some of the things VolunTEENS are required to do. This role requires VolunTEENS that are friendly, outgoing, and willing to help. This area is suitable for VolunTEENS wanting to gain experience working in retail or other customer service positions.

****Criminal record search and additional written references may be requested for some placements.****

I, _____ (*Print Your Name*), authorize Fraser Health to contact my references if required. I understand that any misrepresentation will void this application, and, if assigned to volunteer service, may be cause for termination. I agree to abide by Fraser Health Authority policies, rules and regulations, and to maintain strict confidentiality of all information.

Date

Signature of Applicant

Parent/Legal Guardian Consent: (applicants under 19 years old)

I, _____, (*Print Your Name*) grant my child, _____ (*Print Child's Name*), permission to participate in the VolunTEEN Program at Langley Memorial Hospital. **As the Parent/Legal Guardian, I understand that my child will be required to volunteer weekly from October 1, 2018 to August 30, 2019 except for statutory holidays. By signing below, I am making a commitment to support my child in meeting the program eligibility conditions of this application.**

Signature of Parent/Guardian: _____ Date: _____

**2019 LMH Auxiliary VolunTEEN Program
Reference Form 1**

Attention Applicant: This form is to be completed by one reference (either by a professional person or by a person who knows you well (i.e. supervisor, manager, teacher, counsellor, co-worker, family friend over 19 years of age, etc (Not by your doctor or anyone related to you) and submitted with your application.

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 Authority, Langley Memorial Hospital.

Applicant's Signature: _____ Date: _____

This section is to be completed by Referee (PLEASE PRINT). 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 do you know the applicant? _____

How long have you known the applicant? _____

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

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

Continued on next page...

Please describe how the applicant works with others: _____

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

Is there any reason you can give why the applicant should not volunteer with vulnerable seniors/clients or should not be entrusted with monies/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****

**2019 LMH Auxiliary VolunTEEN Program
Reference Form 2**

Attention Applicant: This form is to be completed by one reference (either by a professional person or by a person who knows you well (i.e. supervisor, manager, teacher, counsellor, co-worker, family friend over 19 years of age, etc (Not by your doctor or anyone related to you) and submitted with your application.

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 Authority, Langley Memorial Hospital.

Applicant's Signature: _____ Date: _____

This section is to be completed by Referee (PLEASE PRINT). 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 do you know the applicant? _____

How long have you known the applicant? _____

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

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

Continued on next page...

Please describe how the applicant works with others: _____

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

Is there any reason you can give why the applicant should not volunteer with vulnerable seniors/clients or should not be entrusted with monies/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****