

Volunteer Application Process Residential Care Cottage and Worthington Pavilions

Thank you for your interest in volunteering. Volunteer involvement is essential to the quality and continuity of health care and services in Residential Care. We take special care and time in the selection and placement of our volunteers so please review the important information below.

Volunteer Requirements:

Minimum Age:

- 16 years of age (volunteers 18 and under require parental/guardian consent)

Minimum Commitment:

- Able to maintain a regular schedule for a minimum of 6 months or 75 hours (shifts are 2-6 hours once/twice a week)

Other Requirements:

- English proficiency
- Two references
- Undergo a criminal record check
- An influenza vaccine may be required; proof of MMR vaccination.

Application Process:

Screening and placement includes application, interview, references, orientation and training. Placement is based on your skills, abilities, interests, schedule 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.

Complete and return the attached application form and 2 references in sealed envelopes to:

**Volunteer Resources
Cottage and Worthington Pavilions
33457 Cottage Lane
Abbotsford, BC V2S 0B3**



Personal Information

Mr Ms Mrs Miss Other _____ Preferred First Name: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: |_|_|_| |_|_|_|

Telephone: Home: (____) _____ Business: _____ Cell: (____) _____

Citizenship: Canadian Other: ___ E-Mail _____

Age Group: Under 19 19 -25 26-40 41-60 Over 60 Birthdate: Month: _____ Day: _____

Interests

Why are you interested in volunteering for us? _____

What type of volunteer programs interest you? _____

Can you volunteer on a regular basis? No Yes, what times are you available for volunteer work?

Please indicate blocks of specific times in the spaces provided:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
EVE							

Would the times be regular, or would they need to change frequently? Regular Change

If your hours would change frequently, please explain: _____

Abilities/Skills

List any hobbies/skills/interests/experiences that would be helpful in your work with older adults: _____

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

If YES, please specify: _____

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Office Use Only:

Rec'd Date:	On Hold Date:
Comments / Notes:	

History (Volunteer, Employment, Education, Training)

VOLUNTEER: Are you presently a volunteer? No Yes

If yes, where: _____ How long? _____

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

Describe any previous volunteer experience: _____

EMPLOYMENT: Are you currently employed: Yes No Full Time Part Time Casual

Current Employer: _____

May we contact you at work: Yes No

Previous Employment: (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 written references (not relatives) that have known you for at least 6 months; one personal, and one business or volunteer related: (Please inform your references that they may be contacted)

Name: _____ Phone: (____) _____

Personal Relationship to you: _____ Email: _____

Name: _____ Phone: (____) _____

Business/Volunteer Relationship to you: _____ Email: _____

Emergency Information: In case of emergency, contact Name: _____

Telephone: Home: (____) _____ Business: (____) _____ Cell: (____) _____

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 _____ (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 understand that a Criminal Record Check may be required for some positions. 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 _____

Applicant: please complete the first two blanks and give this form, along with a blank sealable envelope, to your reference to complete and return to you (sealed in the envelope).

Dear Sir/Madame,

_____, is applying to volunteer at _____
_____ (program name).

He/she has listed you as one of two required references and has given permission to Fraser Health (FH) to contact you if needed re providing a reference in support of their application.

Your assistance in providing us with the following assessment and feedback is appreciated.

Scale: NA (not applicable) P (poor), F (fair), G (good), VG (very good)	NA	P	F	G	VG		NA	P	F	G	VG
Dependability:						Problem Solving:					
Responsibility/ Accountability:						Organizational/ Prioritizing:					
Initiative:						Leadership:					
Team Player:						Teaching/Mentoring:					
Flexibility/Adaptability:						Verbal & Written:					
Honesty/Integrity:						Work Attendance:					

1. Please describe the applicant's strengths:

2. Opportunities for improvement:

3. Interaction with others:

Would you recommend this applicant for this position:

- Highly Recommended Recommended
 Recommended with Reservations Not Recommended

Please feel free to provide any additional information to support your reference:

Name (please print)

Signature

Date

Relationship to Applicant _____

Contact number: _____

Please return this form to the applicant, sealed in the envelope they have provided.

Thank you for your time and consideration in providing this reference.

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