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, <u>Volunteer Resources</u> 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 <u>16 years of age</u> for most programs (volunteers under 18 require parental/guardian consent)
- Jim Pattison Outpatient Care and Surgery Centre – minimum <u>18 years of age</u>
- 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, <u>if selected</u>
- 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.

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 for the HEALTH of it!

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, <u>list in order</u> of preference?

_____

Can you volunteer the <u>same day & time once a week for 6 months</u>? ☐ No, Reason: _____

_____

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

<mark>Fill in Schedule</mark>	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning From							
To							
Afternoon From							
To							
Evening From							
To							
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: _____

<mark>*Continued on next page…*</mark>

Office Use Only:	Rec'd Date:		On Hold Date:
Comments / Notes:			

<u>Return completed applications to:</u> **Surrey Memorial Hospital, Attn: Volunteer Resources Department
c/o SMH, 13750 96 Ave., Surrey, BC V3V 1Z2 or Fax: 604-585-5669 or Email: <u>volunteer.smh@fraserhealth.ca</u>**

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:* _____