

Name <i>(please print)</i>			Volunteer ID#
Address	City	Prov.	Postal Code
Home Phone Number	Cell Phone Number	Email Address	
Birthday <i>(dd/mm/yr)</i>	Age Group <input type="checkbox"/> 19-30 <input type="checkbox"/> 31-50 <input type="checkbox"/> 51-70 <input type="checkbox"/> 70+		
Emergency Contact (Full Name and Relationship to you)		Emergency Contact Phone Number	
Are there any limitations that affect your volunteering with Interior Health?			
Availability		Present or Former Occupation	
Volunteer Experience			
Interests, Special Skills, Hobbies or Qualifications (Music, Crafts, Computers)			
Languages (Spoken/Written)			
Indicate why you wish to volunteer and what you hope to gain in your volunteer experience with us?			

Give two personal References (other than family/relatives)

Name	Relationship	Phone Number
Name	Relationship	Phone Number

CONSENT

I consent to a Criminal Record Check and/or a personal reference check to be done to ensure the protection of children and other vulnerable clients/residents under IH care.

CONFIDENTIALITY

I will consider as confidential, all information in verbal, written or computerized form, concerning a patient, resident, client, family member, doctor or any member of IHA personnel, and will not seek information in regard to a patient/resident/client, nor will I disclose any such information which may come to my attention as a result of my role as a volunteer. I understand failure to do so may result in dismissal. NOTE: Your personal contact information will be used by Interior Health for the purposes of scheduling your shifts and other administrative functions and communications relating to Volunteer Services.

VOLUNTEER PLEDGE

I have read and understand the Volunteer Pledge and agree to abide by those standards while working as a Volunteer in Interior Health.

Volunteer Signature	Volunteer Services Staff	Date (dd/mm/yyyy)
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For Community Care Volunteers ONLY

For Volunteer Drivers and Visitors:

What type of car do you drive?

2 door 4 door Truck Year _____ Make _____ Model _____
 Car SUV Van License Plate _____ Colour _____

A Driver's Abstract will be required

Do you consent to allow Interior Health to share your phone number/email address with other volunteers?

Yes No

Department Use ONLY

Recruitment Source	<input type="checkbox"/> Confidentiality Form <input type="checkbox"/> Database <input type="checkbox"/> Driver's Abstract <input type="checkbox"/> Driver's License <input type="checkbox"/> Orientation <input type="checkbox"/> Parking Pass <input type="checkbox"/> Photo ID <input type="checkbox"/> Police Record Check <input type="checkbox"/> References
Food Safe <input type="checkbox"/> Yes <input type="checkbox"/> No To be added to list:	
Interviewer Comments	
Start Date (dd/mm/yyyy)	Area Assigned

References Checked

1 (Name and Date-dd/mm/yyyy)	2 (Name and Date-dd/mm/yyyy)
Reference Comments	

Orientation Shifts

Dates (dd/mm/yyyy)		
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RESIGNATION INFORMATION

End Date (dd/mm/yyyy)	Photo ID Retrieval	
Date letter sent out (dd/mm/yyyy)	Date Items Returned (dd/mm/yyyy)	



VOLUNTEER PLEDGE:

1. *I will conduct myself with dignity, courtesy and consideration upholding the Code of Ethics and Standards of the facility*
2. *I will be punctual and conscientious in the fulfillment of my duties and accept supervision graciously; I will take any problems, criticisms or suggestions that I have to the Volunteer Services staff directly*
3. *I will not become involved in the personal affairs of clients, residents, or their family members relating to any legal, financial, property matters or personal belongings*

I understand the Volunteer Pledge and agree to abide by those standards while working as a Volunteer in Interior Health.

Signature _____ Date _____