



## Vernon Jubilee Hospital Auxiliary Youth Healthcare Volunteer Program

Thank you for your interest in our Youth Healthcare Volunteer (YHC) program. This package will provide you with instructions to apply.

**Please note you must have your Covid-19 Immunization doses #1 and #2.**

- Complete and return the YHC Application package to: [vjhvolunteerservices@interiorhealth.ca](mailto:vjhvolunteerservices@interiorhealth.ca)
- Preference will be give to youth who have previously been a Youth Healthcare Volunteer at VJH in good standing, and to Youth who are in grade 11 and 12. Space permitting, applications from grades 9 and 10 will be considered.
- **If you are contacted for an interview please bring the following:**
  - YHC Volunteer Application
  - YHC Parental /Guardian Consent form
  - YHC Pledge
  - 2 pieces Government Issued Identification, one must be Photo Identification
  - Proof of Covid-19 immunization doses #1 and #2 (CARD with DATES)
- Once you have been accepted into the program you will be required to pay \$20.00 non-refundable registration fee. This is a one-time fee that includes the cost of your tee shirt.

*We have a limited number of spaces available in our program, every effort is made to accommodate each applicant.*

*If you have any questions please email [vjhvolunteerservices@interiorhealth.ca](mailto:vjhvolunteerservices@interiorhealth.ca)*

**YOU ARE NEVER TOO YOUNG TO CHANGE THE WORLD!**



Office Use
Fall Intake: _____
Waitlisted: _____

## Vernon Jubilee Hospital Auxiliary Youth Healthcare Volunteer Application

**PLEASE PRINT CLEARLY**

Date: \_\_\_\_\_ Covid-19 Immunization Dates #1 \_\_\_\_\_ #2 \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Full Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Day Preference: Please indicate FIRST / SECOND / choice:

**Monday    Tuesday    Wednesday    Thursday    Friday**

How do you think that Volunteering will assist your future career path?

\_\_\_\_\_

Describe your strengths and hobbies (Music, Crafts)?

\_\_\_\_\_

What personality characteristics do you feel you have to bring to the program?

\_\_\_\_\_

Time commitment for Youth Healthcare Volunteers will be minimum one-1.5 hour shift,  
Monday to Friday from 3:30pm – 5:00pm. In order to be active you must volunteer at least 6 hours  
per month. Program duration is October to June.

**\*\*The hospital Auxiliary sponsors the Youth Healthcare Volunteer program and may ask for  
your help at some of their fundraising events. \*\***

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**Accepted    Declined                      Date: \_\_\_\_\_ Signature: \_\_\_\_\_**



## Vernon Jubilee Hospital Auxiliary Youth Healthcare Volunteer Consent Form

Date \_\_\_\_\_

I hereby agree that \_\_\_\_\_ may participate in the Youth Healthcare Volunteer program at Vernon Jubilee Hospital, Vernon BC.

I understand that working in the hospital requires maturity and judgment on the part of the Youth Healthcare Volunteer.

A Handbook outlining policies, procedures and a program activity description will be given to each Youth Healthcare Volunteer during the mandatory orientation sessions to be followed.

Youth Healthcare Volunteer will be orientated on all Policies and Procedures including the following:

- Interior Health's Mission Statement and Values
- Confidentiality
- Conduct, Ethics
- Risk Management
- Violence Prevention & personal safety
- Online education as appropriate
- Building Evacuation
- Infection Control
- Immunization Policies
- Facility tour

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Comments:

## Vernon Jubilee Hospital Auxiliary Youth Healthcare Volunteer Pledge

I \_\_\_\_\_

- Will be dependable, punctual and conscientious in the fulfillment of my duties for my weekly shift.
- Conduct myself with maturity and dignity, showing courtesy, consideration and respect to all.
- Consider all information that I may hear directly/indirectly concerning a patient, resident, family member, physician or staff member as **Confidential**. I will not seek information regarding a patient or resident.
- Will endeavor to make my volunteer contribution of the highest quality.
- Will bring any issues, questions, suggestions to one of the following in this order:
  - Youth Convener
  - Department supervisor
  - Coordinator, Volunteer Services
- Accept direction from Youth Convener, staff, supervisor, Coordinator Volunteer Services willingly.
- Will comply with all Interior Health/VJH Policies and Procedures.
- Will uphold the Mission statement and standards of Interior Health and VJH.
- Will be a genuine representative of Interior Health and VJH to the community.
- Will pledge to serve as a YHC Volunteer for the full program year and maintain an 80% attendance rate.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_