



Interior Health

Computer entry date _____

GILLIS HOUSE LONG TERM CARE

1699 Tutill Court
Merritt, BC V1K 1C6

YOUTH VOLUNTEER APPLICATION DATE: _____

Name: _____ / _____
Last First

Birthdate: _____
Month Day Year (Minimum age of 14 years)

Home ph: _____ / Cell: _____

Mailing address: _____

Postal code: _____

School: _____

Email address: _____

Grade: _____

Interests, Skills, Special Interests (music, computers, crafts, languages, etc.)

Can you play crib / board games?

Are you volunteering for school related hours?

Previous volunteer experience:

Volunteering 1-2 days per week: Please mark the day(s) that works best for you.

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday ____

Sunday ____

Do you have any disabilities? No ____ Yes ____
If yes, explain _____

Are you on any medication? No ____ Yes ____
If yes, explain _____

In case of illness, please contact:
_____/_____/_____
Name phone #

relationship

I will abide by the Rules and Regulations of the Volunteer Services Department, including ensuring that confidentiality is preserved while on duty and after duty has ended. I will make a commitment to serve a minimum total of 50 hours.

Students Signature: _____

Permission to volunteer:
Parents or Guardian Signature: _____

Return completed form to: Avinash Tanda, Recreation Coordinator & Volunteer
Gillis House Long Term, Dept. of Rec. Services, (250) 378-3254
1699 Tutill Court. Merritt BC V1K 1C6
E-mail: Avinash.tanda@interiorhealth.ca

Interview: _____

Covid-19 Training & General Orientation: _____

Ministry of Justice Criminal Record Check _____

Covid-19 Vaccination (s) _____

Name Tag _____

(Recommended) Influenza Vaccine: _____

Exit Interview: _____

For Office use only:

Interviewed by: _____ **Date:** _____

Placement / Activity:

Reference comments:

Resignation Information / Exit Interview: Date: _____
