



The Views at St. Joseph's SUMMER YOUTH VOLUNTEER PROGRAM APPLICATION PACKAGE 2018 FOR **NEW YOUTH VOLUNTEERS**

Volunteering with us is fun and interesting. Join us and make a difference!

- ❖ To be Youth Volunteer, you must be starting Grades 8-12 in the fall.
- ❖ Shifts are two hours long, once a week, for July and August:
 - 10:00 a.m. - 12:00 noon and 2:00 p.m. - 4:00 p.m.

DEADLINE for applications is **JUNE 21, 2018.**

Students choose their shifts in the order in which their applications are received.

1. Ensure that your application package is complete, including:
 - the application form, Pledge of Confidentiality and Participation Agreement, all **signed by both you and your parent or guardian**, and
 - Reference form completed by a teacher, counsellor or other adult who knows you well. Family members are not acceptable references.
2. Take your **completed** application to Caroline Hoon, Manager of Volunteer Services in The Views at St. Joseph's **by June 21, 2018.**
3. Attend the orientation on **July 3, 2018 from 9:00-12:00 a.m.** At the end of the session, you will be invited to choose a shift based on the date that we received your **completed application package.**
4. Regular volunteer shifts will start on **July 4, 2018.**

For more information, contact Caroline Hoon, Manager of Volunteer Services
250-331-8650 ext. 68783
caroline.hoon@cvviews.ca

WE LOVE OUR YOUTH VOLUNTEERS!

This program is possible thanks to the generous support of the Auxiliary for Comox Valley Healthcare.

SUMMER YOUTH VOLUNTEER PROGRAM APPLICATION

OFFICE USE ONLY

Date/Time Rec'd _____

NAME: First and Last	
HOME ADDRESS: (street number, city & postal code)	
HOME PHONE:	CELL PHONE:
EMAIL:	T-SHIRT SIZE:
SCHOOL: (state if home schooled)	GRADE: (completed)
FAMILY PHYSICIAN:	PHONE:
PARENT/GUARDIAN NAME:	
PARENT/GUARDIAN DAYTIME PHONE:	
MEDICAL INSURANCE NUMBER:	

Please tell us if your family has vacation plans for the summer. _____

Why would you like to be a Youth Volunteer? _____

Signature of Volunteer Applicant

PARENT/GUARDIAN APPROVAL

I approve of my child/dependant participating in The Views at St. Joseph's Youth Volunteer program.

Signature of Parent/Guardian

Date

Please print name

The Views at St. Joseph's
2137 Comox Avenue, Comox, B.C. V9M 1P2

YOUTH VOLUNTEER PROGRAM

VOLUNTEER PLEDGE OF CONFIDENTIALITY

All residents, staff and volunteers of The Views at St. Joseph's have a right to privacy regarding their health and personal matters, and all volunteers must respect these rights.

Therefore, I _____, understand that the physical conditions and personal affairs of residents are strictly confidential and may not be discussed with or disclosed to any person except in the line of my volunteer services.

I also agree that I will not disclose any other information of a confidential nature to which I may have access through my volunteering, including information about other volunteers, staff and The Views at St. Joseph's operations, to those who have no need to know.

This includes ensuring that confidential information is not discussed where it could be overheard by others.

I realize that any breach of this trust may lead to termination of my volunteer role at The Views at St. Joseph's.

Signature of Volunteer Applicant

Date

PARENT/GUARDIAN APPROVAL

I, _____, parent / guardian of the above-named Applicant agrees with and consent to the commitment my child / dependant has made above.

Signature: _____

Date: _____

Parent or Guardian

The Views at St. Joseph's
2137 Comox Avenue, Comox, B.C. V9M 1P2

YOUTH VOLUNTEER PROGRAM

PARTICIPATION AGREEMENT

Please read this page carefully. Your signature at the bottom of the page indicates that you understand and agree to each of the following.

I, _____, commit to the following as a volunteer:

1. I grant permission to the Volunteer Services Program to take photographs and to store registration or personal information electronically.

I understand that

- information collected at the time of registration will be stored electronically and used for management functions by the Volunteer Services program;
- all volunteers are required to have official photo identification; and,
- from time to time, pictures may be taken and used for publicity and display purposes.

2. I will adhere to The Views at St. Joseph's Volunteer Services program policies and procedures, including record keeping and confidentiality of patient and resident information.

3. I will perform my volunteer duties to the best of my ability.

4. I will attend all of my volunteer shifts, or provide adequate notice if I cannot.

5. I will represent The Views at St. Joseph's to the community in a responsible, positive way.

Signature of Volunteer Applicant

Date

PARENT/GUARDIAN APPROVAL

I, _____, parent / guardian of the above-named Applicant agree with and consent to the commitment my child / dependant has made above.

Signature: _____
Parent or Guardian

Date: _____

PERSONAL REFERENCE FORM

PERSONAL REFERENCE FOR: _____
(Name of Youth Volunteer Applicant)

The above youth has applied to our Youth Volunteer Program. To succeed in this program, youth require self-discipline, dependability, the ability to get along with others and the ability to accept and follow instructions. Understanding and respecting confidentiality of all information concerning the hospital, patients and residents is crucial.

The information will be confidential.

Note: this form should not be completed by a family member.

1. Please describe the youth in the following areas.

a. Attitude:
b. Ability to get along with others:
c. Dependability:
d. Ability to follow instructions:

2. How long have you known this youth?

3. Additional comments:

THIS APPLICANT IS: RECOMMENDED NOT RECOMMENDED

Your name (please print) _____

Signature _____

Date _____

Relationship to applicant: _____

Phone _____