



Abbotsford Regional Hospital VolunTEEN Program For Teens 16-18 Years of Age Application Package for 2014 -2015

Thank you for your interest in the VolunTEEN Program at Abbotsford Regional Hospital. This program offers you the opportunity to learn new skills and experience the healthcare environment.

To be eligible for the program you must meet the following criteria:

- 16 to 18 years old – Proof of age is required
- Have a desire to pursue a career in healthcare
- Live in Abbotsford or attend an Abbotsford area school (or graduated and under 19)
- Able to commit to the duration of the program from February 2015 to February 2016
- Commit to a regular shift once a week for 2-4 hours (same shift each week)
- Able to attend Mandatory Training Session on Saturday, February 7th from 10:00 am – 3:00 pm**
- Proficient in the English language
- Provide a copy of vaccination records to show proof of immunity to measles. You must have received two doses of Measles Mumps and Rubella (MMR) vaccine.**
- Willingness to have an influenza vaccine during flu season November – March
- Complete the attached copy of the Vulnerable Sector Criminal Record Check. **Fill in only and include in package. Please do not send to Ministry. Parents signature required on form.**

Please complete the application package and **return it to the Greeter Desk at ARH only**. Applications will not be accepted elsewhere in the building. Completed application packages must be received no later than **Friday, November 28 at 4:00 pm**. **Incomplete or late applications will NOT be considered.**

All applicants will be notified and those short-listed will be contacted in December to set up an interview. The interviews will be held in January. If you are selected for a placement, you must attend the orientation session **on Saturday, February 7th from 10:00 am – 3:00 pm in its entirety.**

Should you have any questions please contact Joanne Halligan at:
(604) 851-4700 ext 642286 or email joanne.halligan@fraserhealth.ca.

Last Name: _____ First Name: _____

Your package must contain the items below. Please check off the items as you **complete** them and attach this checklist to the front of your package assembled in the following order:

- Completed checklist (this document)
- Completed application form (with parental consent completed)
- A copy of your resume
- Signed copy of the Vaccination and Criminal Record Search consent document (parents/guardian and teen signatures required)
- Two completed reference forms in **sealed envelopes with the referee's initials across the seal**. Please write your name on the front of the envelope **and attach them to your application package**. References can be completed by a supervisor, manager, teacher, counselor, co-worker or family friend over the age of 19. (not your doctor or anyone related to you.)
- A photocopy of identification for proof of age (i.e. birth certificate, citizenship certificate/card, driver's licence, BC ID or Passport) Please note: Go Cards & Care Cards are not acceptable.

*If you have a question please e-mail Joanne Halligan, Coordinator of Volunteers at
Joanne.Halligan@fraserhealth.ca*

Completed application packages must be received by the

DUE DATE: Friday, November 28, 2014 by 4:00 pm

*****Incomplete or late applications
will not be considered.*****

Please be advised that if you are selected for the ARH VolunTEEN program you will be required to purchase a volunteer vest. The cost of the vest is \$31. VolunTEENS are offered free parking at ARH however a \$25 refundable deposit is required to receive a parking hanger.

An Important Message regarding vaccinations and consent to complete a Vulnerable Sector Criminal Record Check.

Dear Volunteers:

Acting on the advice and support of Dr. Perry Kendall, B.C.'s Provincial Health Officer, and after a review of the evidence, this year all British Columbia health authorities will be taking steps to further protect vulnerable patients, residents and clients from influenza. These measures include either receiving influenza vaccination (the preferred option) or wearing a surgical/procedure mask during flu season. The policy applies to all health authority staff (unionized and excluded); volunteers, students, contractors and physicians who have contact with patients, residents and clients whether in hospital, community or home care settings.

We appreciate and value the special role performed by volunteers in our health system and trust you will join our employees and physicians in participating in this new initiative. Choosing to get your flu shot or to wear a mask will protect the vulnerable people in our care from receiving influenza from a volunteer who is unknowingly contagious. Without knowing it, you can be infected and spreading influenza to your patients, residents and clients, co-workers or family for 24 hours or more before you feel the first symptoms. These steps will also further protect you, and by extension your family, from exposure to influenza in our health care facilities.

By working together, we can make this change a routine requirement for everyone. I urge you to help your fellow volunteers by encouraging them to get immunized, and to remind those who are unable or who choose not to be vaccinated that wearing a surgical/procedure mask is required to protect patients, residents and clients.

All volunteers are now required to submit to a Vulnerable Sector Criminal Record Search. The documents will be provided to those selected to participate in the program after the interview process has taken place.

Please discuss this document with your parents, then sign below (both Parent/Guardian and Teen applicant) and attach to application package. If you have questions regarding this initiative please contact Joanne Halligan Coordinator of Volunteer Resources 604-851-4700 ext 642286.

Teen Applicant signature:

Parent Guardian signature:

ARH VolunTEEN Program

Position Descriptions

Atrium Greeter Position:

In the Atrium Greeter role VolunTEENS will work to support our patients, clients, their families and visitors at Abbotsford Regional Hospital. Greeters direct and escort people to all areas of the building, they help to locate patients, answer general questions and support everyone that walks through our doors. The Greeter position is a very busy role and customer service experience is an asset.

Library Rounds:

The library cart is an important service offered to patients at Abbotsford Regional Hospital. VolunTEENS will move from unit to unit offering patients reading materials and visiting with patients. Some patients have few visitors and often a friendly chat or reading material is valued. In this role VolunTEENS need to be friendly, outgoing and comfortable entering patient rooms while offering this important service to our patients.

Acute Care for the Elderly:

The ACE unit provides care for older clients at ARH, most of the patients in the ACE unit will be returning home. The role of the volunteers in this area is to assist with social and recreational activities that enhance the quality of life for our seniors. VolunTEENS will be asked to socialize with seniors and perhaps bring them into the common dining area during mealtimes. This area is suitable for volunteers who enjoy working with seniors and are caring, outgoing and can work independently.

Medical Unit Visitors

There are 4 medical acute care units at ARH. In these units patients are hospitalized for a wide variety of reasons. The role of VolunTEENS in these areas is to offer social and recreational activities that enhance the quality of life for patients. VolunTEENS will be required to work independently and offer their time socializing with patients, talking and perhaps reading or playing games with patients. You may also be asked to bring patients to common areas or outside if appropriate. These areas are suitable for teens that enjoy working with people, are caring, outgoing and can work independently.

With each area comes a commitment of one shift per week. It is expected that shifts will be attended in full, weekly. Time adjustments to shifts are not negotiable; please select a shift that suits your schedule.

What are your plans for the summer? (i.e. summer school/job): _____

Fluent Languages (other than English): _____

Hobbies/Interests: _____

Skills: _____

Emergency Contact: Last Name: _____ First Name: _____

Telephone: Home: (____) _____ Business: (____) _____ Cell: (____) _____

References: Attached are two reference forms. Have two (2) people (i.e. supervisor, manager, teacher, counsellor, co-worker, family friend over 19 years of age, etc *not your doctor or anyone related to you*) complete the forms. Ensure that the two completed reference forms are in **sealed envelopes with the referee's initials across the seal**. Please write your name on the front of the envelopes **and attach them to your application package**, before submitting to Volunteer Resources.

** Criminal record search and additional written references may be requested for some placements.

How did you hear about volunteering at ARH?

- Your Career Counsellor Other students at your school Fraser Health Website
- Friend/Family _____ By visiting ARH _____
- Volunteer/Auxiliary Member _____ Other: _____

Please read the following carefully before signing this application:

I, _____ (*Print Your Name*), authorize the Fraser Health Authority to collect personal information appropriate to the position applied for concerning my academic background and employment/volunteer history, and to verify the character references I have supplied. I authorize Fraser Health to contact the references listed by telephone or email and give permission to these references to release all relevant information requested.

I understand that any misrepresentation in any of the previous statements will void this application, and, if assigned to volunteer service, may be cause for termination. I agree to abide by Fraser Health Authority policies, rules and regulations, and to maintain strict confidentiality of all information.

_____ Date

_____ Signature of Applicant



Parent/Legal Guardian Consent: (applicants under 19 years old)

I, _____, (*Print Your Name*) grant my child, _____ (*Print Child's Name*), permission to participate in the VolunTEEN Program at Abbotsford Regional Hospital. **As the Parent/Legal Guardian, I understand that my child will be required to volunteer weekly for one year starting in February 2015. I am making a commitment to support my child in meeting the program eligibility conditions of this application.**

Signature of Parent/Guardian: _____ Date: _____

VolunTEEN Program Placement Questionnaire

LAST NAME: _____ FIRST: _____

AVAILABILITY:

Will your volunteer schedule need to change?

No Yes, explain: _____

Will you be looking for a job?

No Yes, which days will you work: _____

Are you participating in sports or other activities?

No Yes, which days and times: _____

SKILLS: Check the areas in which you have considerable experience/expertise.

- Working with Seniors Customer Service
 Play a musical instrument (type of instrument) _____

PREFERENCES: Under the programs you are interested in volunteering, please check ALL the days and times you'll be available. **You can select more than one.**

Greeter

- Mon 5:00 pm-8:00 pm
 Tues 5:00 pm-8:00 pm
 Wed 5:00 pm-8:00 pm
 Thur 5:00 pm-8:00 pm
 Fri 5:00 pm-8:00 pm
 Sat 9:00am-12:00 pm Sat 12:00pm-3:00pm Sat 3:00pm-6:00pm Sat 6:00-9:00pm
 Sun 9:00am-12:00 pm Sun 12:00pm-3:00pm Sun 3:00pm-6:00pm Sun 6:00-9:00pm

Library Rounds

- Mon 4:00 pm-6:00 pm
 Tues 4:00 pm-6:00 pm
 Wed 4:00 pm-6:00 pm
 Thur 4:00 pm-6:00 pm
 Fri 4:00 pm- 6:00 pm
 Sat 1:00 pm-3:00 pm
 Sun 1:00 pm-3:00 pm

Senior Visits

ACE Unit / Cheam 3

- Mon 4:00 pm-6:00 pm
- Tues 4:00 pm- 6:00 pm
- Wed 4:00 pm- 6:00 pm
- Thurs 4:00 pm- 6:00 pm
- Fri 4:00 pm- 6:00 pm
- Sat 10:00 am-12:00 pm Sat 1:00 pm-3:00 pm Sat 3:00pm-5:00 pm
- Sun 10:00 am-12:00 pm Sun 1:00 pm- 3:00 pm Sun 3:00pm-5:00 pm

Medical Unit Visits

Baker / Cheam 2

- Mon 4:00 pm- 6:00 pm
- Tues 4:00 pm- 6:00 pm
- Wed 4:00 pm- 6:00 pm
- Thur 4:00 pm- 6:00 pm
- Fri 4:00 pm- 6:00 pm
- Sat 10:00 am-12:00 pm Sat 1:00 pm- 3:00 pm Sat 3:00pm- 5:00 pm
- Sun 10:00 am-12:00 pm Sun 1:00 pm- 3:00 pm Sun 3:00pm- 5:00 pm

RANK PROGRAMS IN ORDER OF PREFERENCE:

1ST CHOICE: _____

2ND CHOICE: _____

3RD CHOICE: _____

List of Skills and Experience

Last Name: _____ First Name: _____

In point form, make a list of your experiences and describe what skill(s) you acquired that relate to the program(s) you have selected on the Placement Questionnaire Form.

Example: Choice Program: Seniors Visits

| <i>Related Experience</i> | <i>What skill(s) did you acquire from this experience that relate to the 1st program you selected?</i> |
|-------------------------------------|--|
| 1. Volunteers with Residential Care | Experience working with Seniors |
| 2. Work in Retail | Customer Service Experience |

1st CHOICE PROGRAM: _____

| <i>Related Experience</i> | <i>What skill(s) did you acquire from this experience that relate to the 1st program you selected?</i> |
|----------------------------------|--|
| | |
| | |
| | |
| | |
| | |

2nd CHOICE PROGRAM: _____

| <i>Related Experience</i> | <i>What skill(s) did you acquire from this experience that relate to the 2nd program you selected?</i> |
|----------------------------------|--|
| | |
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| | |

VolunTEEN Reference Form

Attention Applicant: This form is to be completed by one reference (either by a professional person or by a person who knows you well (i.e. **supervisor, manager, teacher, counsellor, co-worker, family friend over 19 years of age, etc** **Not your doctor or anyone related to you**) and submitted with your application.

I, _____ (volunteer applicant's full name – **please print**), give permission for the person below to provide a reference for me for the purpose of volunteering with the Fraser Health Authority, Abbotsford Regional Hospital.

Applicant's Signature: _____ Date: _____

This section is to be completed by Referee (PLEASE PRINT). The completed form must be sealed in an envelope by the Referee. This is confidential information that will become part of the applicant's volunteer file. **Please seal this reference in the envelope provided.**

Referee's Name (First and Last): _____

Telephone: (Daytime) _____ (Evening) _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____

In what capacity do you know the applicant? _____

How long have you known the applicant? _____

Why would you recommend that this applicant volunteer in a health care setting? _____

Please describe the reliability of the applicant. (Does he/she show up on time? Is he/she able to follow through with commitments?)

Please describe how the applicant works with others: _____

Is there any reason you can give why the applicant should not volunteer in a health care setting?

Is there any reason you can give why the applicant should not volunteer with vulnerable seniors/clients or should not be entrusted with monies/other resources? _____

Is there any other information that you would like to share with us? _____

Referee's Signature: _____ Date: _____

****Note: Volunteer Resources will contact the Referee for additional information, if necessary****

**Please seal the completed form in an envelope, sign the seal and return it to the applicant.
They will attach this form to their VolunTEEN application.**

VolunTEEN Reference Form

Attention Applicant: This form is to be completed by one reference (either by a professional person or by a person who knows you well (i.e. **supervisor, manager, teacher, counsellor, co-worker, family friend over 19 years of age, etc** (**Not your doctor or anyone related to you**) and submitted with your application.

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