



**Abbotsford Regional Hospital  
VolunTEEN Program  
For Teens 16-18 Years of Age  
Application Package for 2017 -2018**

Dear Students,

Please find attached the Application Package for the 2017-2018 Abbotsford Regional Hospital VolunTEEN Program. It is very important that you read through the contents of this package carefully. Please take your time completing the application. We will be using the information supplied as a pre-screening tool to determine your suitability to the program.

Only fully completed applications will be considered and incomplete applications will not be considered.

If your application is accepted, you will be expected to attend a Mandatory Orientation session which will be scheduled on Saturday, February 3<sup>rd</sup>. If accepted, more details will be provided.

It is important that you do not send your application into the Volunteer Resources office. When applications are complete, they must be returned to your Career Counsellor for submission.

The ARH VolunTEEN Program offers students a unique opportunity to gain valuable experience, learn new skills and see first-hand how the healthcare environment functions.

We look forward to receiving your application. If you have any questions, please speak to your Career Counsellor first or, email me at [Joanne.Halligan@fraserhealth.ca](mailto:Joanne.Halligan@fraserhealth.ca)

Sincerely,

Joanne Halligan,  
Coordinator, Volunteer Resources  
Abbotsford Regional Hospital

## ARH VolunTEEN Application Process

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

- ✓ 16 to 18 years old – Proof of age is required (photocopy of passport, birth certificate or driver's license)
- ✓ 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 2018 to February 2019
- ✓ 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 3rd 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 NOT part Grade 9 immunizations! (A photocopy of the Health Passport vaccination schedule as a child shows the required vaccines) Please do not send copy of grade 9 vaccines.**
- ✓ Willingness to have an influenza vaccine during flu season November – March
- ✓ Completion of attached Vulnerable Sector Criminal Record Check Document. **Fill in only do not send to Ministry! Both parent and applicant's signature is required.**
- ✓ Obtain one personal letter of reference and one completed reference form (see below)

**If you do not meet the eligibility requirements identified above, please do not proceed with the application process. Speak further with your Career Counsellor.**

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)
- Copy of your resume
- Completed Criminal Record Check (with parental consent completed)
- Signed copy of the Influenza Vaccination consent document (parents/guardian and teen signatures required) and proof of 2 doses of Measles, Mumps and Rubella Vaccine.
- Obtain one personal letter of reference which can be attached to the application package. Have one of the attached reference forms completed and it should be put in a **sealed envelope with the referee's initials across the seal**. Please write your name on the front of the envelope **and attach it 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.

**Remember, please do not drop applications to ARH. Only those submitted by your Career Counsellors will 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 and will receive a parking pass as required.



# ARH VolunTEEN Program Application Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Home: (\_\_\_\_) \_\_\_\_\_ Business:(\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_) \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

Date of Birth (month/day/year)

Status in Canada?  Canadian Citizen  Landed Immigrant  Visitor or Student Visa

Education:  High School: \_\_\_\_\_ Grade: \_\_\_\_\_

Courses/Workshops: \_\_\_\_\_

Career Objective:  College/University: \_\_\_\_\_

Program(s): \_\_\_\_\_

Reasons for Volunteering (i.e. Personal/Professional Goals): \_\_\_\_\_

Please list any Abilities/Skills: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Work Experience: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

***Continued on next page...***

**FOR OFFICE USE ONLY:**

Received Date:

Accepted:

Declined (On hold):

Interview Date:

Comments:

**Emergency Contact:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Telephone: Home: (\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**References:** 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*).

One reference is a personal letter of reference. The letter can be attached to the application.

One is a completed reference form (attached below). **The reference form should be in a sealed envelope with the referee's initials across the seal. Please write your name on the front of the envelope and attach it to your application package.**

\*\* Additional written references may be requested for some placements.

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 2018. I am making a commitment to support my child in meeting the program eligibility conditions of this application.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Criminal Record Check is Required!**

**All volunteers are required to submit to a Vulnerable Sector Criminal Record Search. Please complete the "Consent to a Criminal Record Check for Volunteers" document attached to your package and have your parents sign it. Once it has been signed by both you and your parent please and attach it to your application package. Please do not send it directly to the Ministry.**

# VolunTEEN Program Placement Questionnaire

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_

**PREFERENCES:** please check ALL the days and times you'll be available. You can select more than one.

## VolunTEEN Shifts

- Mon 4:00 pm-7:00 pm
- Tues 4:00 pm-7:00 pm
- Wed 4:00 pm-7:00 pm
- Thur 4:00 pm-7:00 pm
- Fri 4:00 pm-7:00 pm
- Sat 9:00am-12:00 pm    Sat 12:00pm-3:00pm    Sat 3:00pm-6:00pm
- Sun 9:00am-12:00 pm    Sun 12:00pm-3:00pm    Sun 3:00pm-6:00pm

**PLEASE INDICATE YOUR FIRST AND SECOND CHOICE OF SHIFTS.**

1ST CHOICE: \_\_\_\_\_

2ND CHOICE: \_\_\_\_\_

Can you commit to a regular weekly shift from February 2018- February 2019?

Yes \_\_\_\_\_

No \_\_\_\_\_

( If no please explain)

---

---

---

**Situational Questions:**

1. Volunteers are required to work independently with minimal supervision. Please provide an example of where you have had to work on your own.

---

---

---

---

---

2. In a paragraph format please explain why you would like to volunteer at Abbotsford Regional Hospital.

---

---

---

---

---

---

---

3. Describe a time when you were able to adapt to a person from a background or culture that was different than yours.

---

---

---

---

---

4. Please give an example of when you were in a stressful situation and observed someone displaying unpredictable behaviour (e.g. anger). How did you feel and how did you handle the situation?

---

---

---

---

---

5. What are some good conversation starters you might use when visiting with patients?

---

---

---

---

---

## **An Important Message regarding vaccinations**

Dear Students:

Acting on the advice and support of Dr. Perry Kendall, B.C.'s Provincial Health Officer, and after a review of the evidence, all British Columbia health authorities take 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 seasonal 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.

Thank you for doing your part to keep our patients, residents, clients, co-workers, other volunteers and yourself safe this Flu Season.

**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 me at [Joanne.Halligan@fraserhealth.ca](mailto:Joanne.Halligan@fraserhealth.ca)**

\_\_\_\_\_  
Teen Applicant signature:

\_\_\_\_\_  
Parent Guardian signature:





**VolunTEEN Program Reference Form**

Abbotsford Regional Hospital



**TOP SECTION to be completed by VolunTEEN Applicant**

This form is to be completed by one reference who knows you well (i.e. work/volunteer supervisor, employer, coach, teacher, counsellor, co-worker, faith leader, etc.—NOT your doctor, friend, or relative) to support your application.

I, \_\_\_\_\_ (VolunTEEN name, please print), give permission for the person below to release information about me to Fraser Health for the purpose of volunteering at Ridge Meadows Hospital (RMH).

**BELOW SECTION to be completed by person providing the reference (REFEREE)**

The student above has applied to volunteer at Abbotsford Regional Hospital requiring a weekly commitment of 3 hours from February 2018 – February 2019. Based on your interactions with this individual, please complete this confidential form to provide us with insight for determining the applicant’s suitability for the program.

REFEREE Name (First & Last): \_\_\_\_\_ Title/Position: \_\_\_\_\_

Phone: (Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_ For how long? Yrs \_\_\_\_\_ Mths \_\_\_\_\_

How well do you know the applicant:  slightly  well  very well

*Check the appropriate box for each characteristic that most accurately represents your opinion or the applicant.*  
 (E) Excellent (G) Good (F) Fair (P) Poor (N/A) Not Applicable

| Characteristic                      | E | G | F | P | N/A | Characteristic                        | E | G | F | P | N/A |
|-------------------------------------|---|---|---|---|-----|---------------------------------------|---|---|---|---|-----|
| Attendance/Punctuality/Reliability  |   |   |   |   |     | Honesty/Integrity                     |   |   |   |   |     |
| Attitude                            |   |   |   |   |     | Respect/Tolerance                     |   |   |   |   |     |
| Ability to maintain confidentiality |   |   |   |   |     | Initiative/Leadership                 |   |   |   |   |     |
| Communication                       |   |   |   |   |     | Follows Instruction & Takes Direction |   |   |   |   |     |
| Cooperation/Team Work               |   |   |   |   |     | Willingness to Learn New Skills       |   |   |   |   |     |

**Comments:**

*Why would you recommend that this applicant volunteer in a healthcare setting?*

*Please comment on the applicant’s ability to initiate conversation. Would the applicant be at ease with entering a patient’s room and having a conversation?*

*Is there any reason this applicant would not be suited to volunteer in health care setting? If yes, please explain.*

*Do have any additional comments about the applicant you would like to share?*

Referee’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*To maintain confidentiality of the information disclosed on this form, please place the completed form in an envelope and initial the seal before returning to applicant for submission. Please note, you may be contacted for additional information, if necessary. Thank-you for completing this confidential reference.*