

**Abbotsford Regional Hospital
VolunTEEN Program
For Teens 15-18 Years old**

Application Package 2010 -2011

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 you must be:

- 15 to 18 years old – Proof of age is required
- Have a desire to pursue a career in healthcare
- Living in Abbotsford or attending an Abbotsford area school (or graduated and under 19)
- Able to commit to the duration of the program from January 2011 to January 2012
- Committed to a regular shift once a week for 3-4 hours (Same shift each week)
- Able to attend a Mandatory Training Session on Saturday, January 29th from 9 am – 4 pm
- Proficient in the English language

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 **Wednesday, December 15th, 2010 at 4pm**. Incomplete or late applications will **NOT** be considered.

All applicants will be notified and those short-listed will be contacted for an interview via e-mail from December 15th – January 21st

If you are selected for a placement, you must attend the orientation on **Saturday, January 29 from 9a.m. – 4p.m.** (it is mandatory to attend entire session).

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 application form (with parental consent completed)
- A copy of your resume
- 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, 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 are not acceptable.

Please remove the first three pages of this package for your information prior to submission.

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

Completed application packages must be received by the
DUE DATE: Wednesday, December 15th, 2010 by 4pm

*****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 pay \$31 for your VolunTEEN uniform. VolunTEENs are offered free parking at ARH however a \$25 refundable deposit is required to receive a parking hanger.

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. 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 suites 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/Other : (____) _____

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 referee seals the completed form in an envelope with your name on it. Then 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 January 2011. 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 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 5:00pm-9:00pm
 Tues 5:00pm-9:00pm
 Wed 5:00am-9:00pm
 Thurs 5:00am-9:00pm
 Fri 5:00am-9:00pm
 Sat 9:00am-12:00pm Sat 12:00pm-3:00pm Sat 3:00pm-6:00pm Sat 6:00-9:00pm
 Sun 9:00am-12:00pm Sun 12:00pm-3:00pm Sun 3:00pm-6:00pm Sun 6:00-9:00pm

Library Rounds

- Mon 5:00 pm-8:00pm Thurs 5:00 pm-8:00pm Sat 11:00 am-2:00pm
 Tues 5:00 pm-8:00pm Fri 5:00 pm-8:00pm Sun 11:00 am-2:00pm
 Wed 5:00 pm-8:00pm

Seniors Visits

ACE Unit

- Mon 4:00 pm-7:00 pm
- Tues 4:00 pm-7:00 pm
- Wed 4:00 pm-7:00 pm
- Thurs 4:00 pm-7:00 pm
- Fri 4:00 pm-7:00 pm
- Sat 10:00 am-2:00 pm Sat 4:00pm-7:00pm
- Sun 10:00 am-2:00 pm Sun 4:00pm-7:00pm

Medical Unit Visits

Baker 2

- Mon 3:00 pm-6:00 pm
- Tues 3:00 pm-6:00 pm
- Wed 3:00 pm-6:00 pm
- Thurs 3:00 pm-6:00 pm
- Fri 3:00 pm-6:00 pm
- Sat 12:00 pm-3:00 pm Sat 3:00 pm-6:00 pm
- Sun 12:00 pm-3:00 pm Sun 3:00 pm-6:00 pm

Cheam 2

- Mon 5:00 pm-8:00 pm
- Tues 5:00 pm-8:00 pm
- Wed 5:00 pm-8:00 pm
- Thurs 5:00 pm-8:00 pm
- Fri 5:00 pm-8:00 pm
- Sat 10:00 am-1:00 pm Sat 3:00 pm-6:00 pm

Cheam 3

- Mon 5:00 pm-8:00 pm
- Tues 5:00 pm-8:00 pm
- Wed 5:00 pm-8:00 pm
- Thurs 5:00 pm-8:00 pm
- Fri 5:00 pm-8:00 pm
- Sat 10:00 am-1:00 pm Sat 3:00 pm-6:00 pm

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>

Continued on next page...

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.**

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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