

## Vernon Jubilee Hospital Auxiliary Youth Healthcare Volunteer Program

Thank you for your interest in our Youth Healthcare Volunteer (YHC) program. This package will give you information about the program. If after you have read the information you would like to apply please do the following:

- Complete and return the YHC Application package to: [vjhvolunteerservices@interiorhealth.ca](mailto:vjhvolunteerservices@interiorhealth.ca)
- Application deadline is August 31<sup>st</sup>.
- Preference will be give to youth who have previously been a Youth Healthcare Volunteer at VJH in good standing, and to Youth who are in grade 10 and 11. Space permitting, applications from grades 9 and 12 will be considered.
- If you are contacted for an interview please bring the following:
  - YHC Volunteer Application
  - YHC Parental /Guardian Consent form
  - YHC Pledge
  - 2 pieces Government Issued ID
- Once you have been accepted into the program you will be required to pay \$20.00 non-refundable registration fee. This is a one-time fee that includes the cost of your tee shirt.

*We have a limited number of spaces available in our program, every effort is made to accommodate each applicant.*

*If you have any questions please email [vjhvolunteerservices@interiorhealth.ca](mailto:vjhvolunteerservices@interiorhealth.ca)*

**YOU ARE NEVER TOO YOUNG TO CHANGE THE WORLD!**



Office Use				
Fall Intake:	_____			
Waitlisted:	_____			
YEAR	2	3	4	

## Vernon Jubilee Hospital Auxiliary Youth Healthcare Volunteer Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Day Preference: Please indicate FIRST / SECOND / THIRD choice:

Monday    Tuesday    Wednesday    Thursday    Friday

How do you think that Volunteering will assist your future career path?

\_\_\_\_\_

Describe your strengths and hobbies (Music, Crafts)?

\_\_\_\_\_

What personality characteristics do you feel you have to bring to the program?

\_\_\_\_\_

Time commitment for Youth Healthcare Volunteers will be at least one-2 hour shift,  
Monday to Friday from 3:30pm – 5:30pm. In order to be active you must volunteer at least 8 hours  
per month. Program duration is October to May.

**\*\*The hospital Auxiliary sponsors the Youth Healthcare Volunteer program and may ask for  
your help at some of their fundraising events. \*\***

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Accepted    Declined    Date: \_\_\_\_\_ Signature: \_\_\_\_\_



## Vernon Jubilee Hospital Auxiliary Youth Healthcare Volunteer Consent Form

Date \_\_\_\_\_

I hereby agree that \_\_\_\_\_ may participate in the Youth Healthcare Volunteer program at Vernon Jubilee Hospital, Vernon BC.

I understand that working in the hospital requires maturity and judgment on the part of the Youth Healthcare Volunteer.

A Handbook outlining policies, procedures and a program activity description will be given to each Youth Healthcare Volunteer during the mandatory orientation sessions to be followed.

Youth Healthcare Volunteer will be orientated on all Policies and Procedures including the following:

- Interior Health's Mission Statement and Values
- Confidentiality
- Conduct, Ethics
- Risk Management
- Violence Prevention & personal safety
- Building Evacuation
- Infection Control
- Immunization Policies
- Facility tour

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Comments:



Interior Health



## Vernon Jubilee Hospital Auxiliary Youth Healthcare Volunteer Pledge

I \_\_\_\_\_

- Will be dependable, punctual and conscientious in the fulfillment of my duties for my weekly shift.
- Conduct myself with maturity and dignity, showing courtesy, consideration and respect to all.
- Consider all information that I may hear directly/indirectly concerning a patient, resident, family member, physician or staff member as **Confidential**. I will not seek information regarding a patient or resident.
- Will endeavor to make my volunteer contribution of the highest quality.
- Will bring any issues, questions, suggestions to one of the following in this order:
  - Youth Convenor
  - Department supervisor
  - Coordinator, Volunteer Services
- Accept direction from Youth Convenor, staff, supervisor, Coordinator Volunteer Services willingly.
- Will comply with all VJH Policies and Procedures.
- Will uphold the traditions and standards of VJH.
- Will be a genuine representative of VJH to the community.
- Will pledge to serve as a YHC Volunteer for the full program year.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_