

APPENDIX A

**MICs Group of Health Services
VOLUNTEER APPLICATION FORM**



YES, I want to help MICs care for their patients/residents and their families!

PERSONAL INFORMATION

Name: _____

Address: _____ City: _____ Postal Code: _____

Telephone (Home): _____ Telephone (Cell): _____

Email: _____ Gender: _____

Date of Birth: _____ Are you a student looking to complete your community involvement hours? Yes No

Languages Spoken: _____

Languages Written: _____

Health Restrictions/Limitations: _____

Proof of Immunization Attached: Yes No

Why are you interested in volunteering at MICs? _____

How did you hear about volunteer opportunities at MICs? _____

What type of volunteer opportunity are you interested in?
 Activities Hospice Fundraising Unit Visiting Clinical Support Other _____

If you have been a patient at MICs within the last two years, would you be interested in providing feedback to support quality improvement initiatives? Yes No N/A

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Telephone 1: _____ Telephone 2: _____

EDUCATION

Highest Level of Education: _____ Completed In Progress

Name of School/Institution: _____

Area(s) of Study: _____

EXPERIENCE

	Organization	Position	Date
Work Experience:			

EXPERIENCE

Interests, Skills and Hobbies:	
Volunteer Experience:	

AVAILABILITY/COMMITMENT

I would like to volunteer at the following location(s):

- Anson General Hospital
- South Centennial Manor
- Bingham Memorial Hospital
- Rosedale Centre
- Lady Minto Hospital
- Villa Minto

I am available to volunteer:	Time/Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	Morning							
	Afternoon							
	Evening							

VOLUNTEER AGREEMENT

- I understand that the Volunteer Department has the right to accept or not accept volunteer applicants and that only those applicants selected for an interview will be contacted.
- I agree to obtain a criminal check for vulnerable sector.
- I will adhere to the policies, procedures and guidelines outlined by the Volunteer Department.
- I understand that volunteer identification must be worn when volunteering and returned at the end of volunteer service.
- I understand that the Volunteer Department will keep a record of my personal information and that it will remain confidential.
- I understand that the Volunteer Department may need to share my contact information with other MICs staff in order to facilitate my volunteer placement.
- I agree to have my photograph taken for identification and media purposes.
- I agree to receive communications (paper or electronic) from the Volunteer Department.
- I understand that personal cell phone use should be avoided when volunteering.
- I understand that confirmation of volunteer hours will be provided annually or upon request.
- I understand that the Volunteer Department has the right to dismiss a volunteer from the volunteer program if, in the opinion of the Volunteer Department, their continuance in the volunteer program could be detrimental to the organization.
- I understand that repeated absence or tardiness may be cause for dismissal.
- I understand that false information on this application form may disqualify me from volunteering or result in my dismissal.

Applicant's Signature: _____ Date: _____

VOLUNTEER ORIENTATION CHECKLIST

Volunteer's Name: _____

Instructions: Use the checklist below as a guide to ensure you have completed the MICs Group of Health Services Volunteer Orientation. Please contact your direct supervisor for scheduling of activities and if you have any questions.

	TOPIC	DATE COMPLETED
1.	Received from the Placement Supervisor: (a) Volunteer Reference Manual which includes Volunteer Services Policies (b) Reviewed, signed and returned Confidentiality Agreement	
2.	Met with Placement Supervisor to review expectations: a. Role of Volunteers b. Key Volunteer Policies c. Position Description	
3.	Participated in MICs Group of Health Services General Orientation	
4.	Completed WHMIS training (Surge Learning)	
5.	Completed Hand Hygiene Training (Surge Learning)	
6.	Reviewed Volunteer Reference Manual and Volunteer Services Policies within first three months	
7.	Returned completed Orientation Checklist to your direct placement supervisor	

Volunteer Role/Job Description

Volunteers are an integral part of the activity program. Their special contributions to our patients/residents are invaluable in making their lives as full and productive as possible.

Job Title: Volunteer

Position Summary:

- Volunteers may support patients/residents within MICs Long-Term Care facilities (Rosedale Centre, South Centennial Manor and Villa Minto) and within the Hospitals (Bingham Memorial Hospital, Anson General Hospital and Lady Minto Hospital).
- One-on-one visits, reading, companionship and other individual activities in designated common areas
- To help with regularly scheduled activity programs within the facility
- Weekly activities within MICs Long-Term Care Facilities include: games, socials, church services, crafts, bingo, outings, sing-a-longs as well as a variety of others. The activities are posted on the monthly calendars and are discussed with volunteers prior to their required attendance.
- Monthly activities within MICs Long-Term Care facilities include parties and birthday celebrations along with a variety of larger events. These events are also posted on the monthly calendars and are discussed with the volunteers involved prior to their required attendance.

Assigned Duties may include but are not limited to:

- Encouraging participation in a non-threatening way
- Escorting patients/residents to and from the activity programs
- Setting up and putting away materials used
- Assisting patients/residents with coordination during an activity while being aware of the patient's/resident's need for independence.
- Conducting a group activity such as bingo, sing-a-long or reading
- Sharing stories, talents and experiences with the patients/residents
- Assisting with the variety of activities posted on the Long-Term Care monthly calendar
- Assisting with grounds keeping and gardening
- Assisting with special events such as birthdays and holiday celebrations, etc.
- Administrative and office duties
- Fundraising activities

Personal attributes:

- Be a good listener and have patience.
- Respects and adheres to MICs' Confidentiality policy

- Must recognize the need for regular attendance and dependability when participating in activity programs
- Ability to converse freely and comfortably with the patients/residents
- Demonstrate empathy, respect and understanding of the patient's/resident's needs and wishes
- Ability to follow guidelines and understand what is required while respecting the limits of the volunteer position
- Respect for himself/herself, the patients/residents and all other Team Members

While being careful not to overstep the limitations placed on the Volunteer position, attending to small personal needs and giving patients/residents the extra time that staff does not always have, is an important part of being a volunteer. Your work with patients/residents must be focused on fulfilling social needs. Observation is important. If a patient/resident appears to be in distress, anxious or unresponsive, inform a staff member immediately.

It is also important to report even the slightest changes that you may notice that differs from the patient's/resident's daily baseline.