

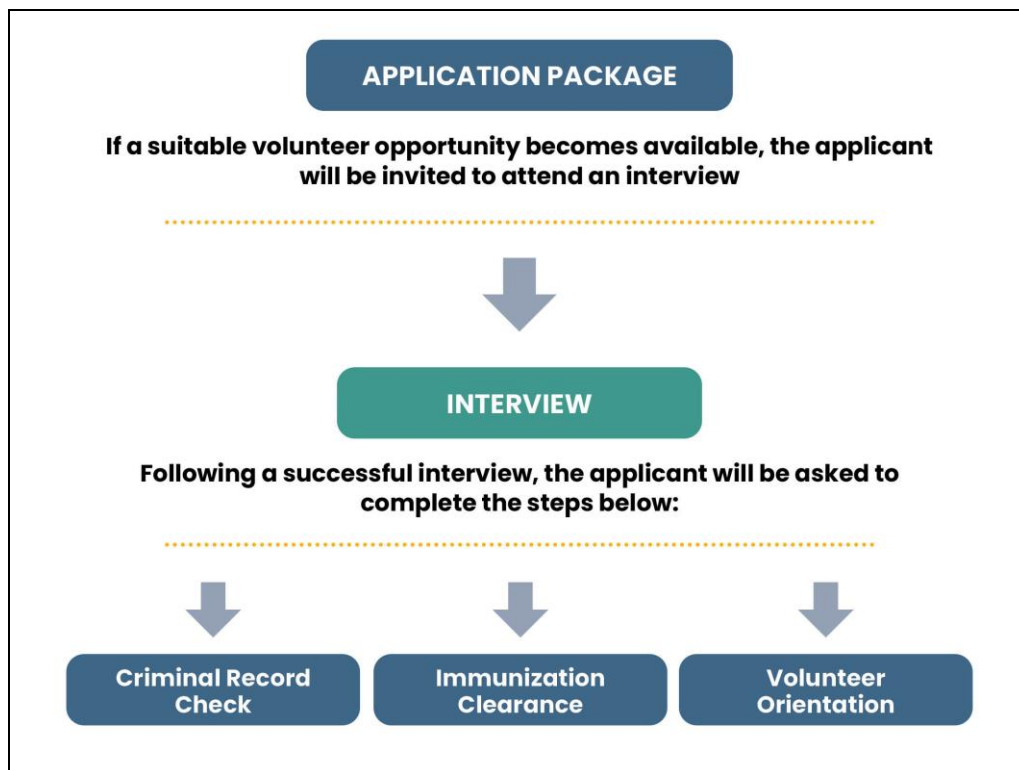
BECOMING A VOLUNTEER

Thank you for your interest in joining our volunteer program! Volunteers are valued members of our team at the North Bay Regional Health Centre.

Becoming a volunteer involves significant time and resources from you and from the organization. For this reason, we ask that all volunteers make a long-term commitment to the program and maintain a regular volunteer schedule. **Please carefully consider if you are able to make this type of commitment.**

Volunteers are selected and placed according to the needs of the organization and the interests, skills, availability and suitability of each applicant. Due to the nature of work in our organization, there are limited volunteer opportunities on evenings and weekends.

The offer of a volunteer placement at NBRHC is conditional upon successful completion of the Volunteer Department intake process. The diagram below outlines the steps to become a volunteer—it can take a few weeks to complete the process.



Please submit your application package to the Volunteer Department. If you are a youth (aged 16 to 29) interested in applying for our summer program, please take note of **application deadlines** on our website.

We strive to accept as many applicants as possible, however, due to the volume of applications we receive we are not able to guarantee a placement for everyone and only those applicants selected for an interview will be contacted.

VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION			
Name:			
Address:		City:	
		Postal Code:	
Best phone number to reach you at:		<input type="checkbox"/> Home	<input type="checkbox"/> Work <input type="checkbox"/> Cell
Email:			Gender:
Date of Birth:	<i>*All applicants must be 16 years of age or older</i>		
Languages Spoken:			
Health Restrictions/Limitations:			
Why are you interested in volunteering at the NBRHC?			
What type of volunteer opportunity are you interested in?	<input type="checkbox"/> Clinic Support	<input type="checkbox"/> Unit Visiting	<input type="checkbox"/> Office Support
	<input type="checkbox"/> Information/Way-finding	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Pet Therapy <input type="checkbox"/> Other: _____
Do you have any other affiliation with the NBRHC?	<input type="checkbox"/> Employee <input type="checkbox"/> Security <input type="checkbox"/> Board Member <input type="checkbox"/> Patient } <input type="checkbox"/> current patient <input type="checkbox"/> Student <input type="checkbox"/> Contractor <input type="checkbox"/> Other <input type="checkbox"/> former patient		
If you have been a patient at the NBRHC within the last two years, would you be interested in providing feedback to support quality improvement initiatives?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a		
Are you interested in receiving information from the NBRHC Foundation?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
EMERGENCY CONTACT INFORMATION			
Name:			Relationship:
Telephone 1:		Telephone 2:	
EDUCATION			
Highest Level of Education:			<input type="checkbox"/> Completed <input type="checkbox"/> In Progress
Name of School/Institution:			
Area(s) of Study:			
EXPERIENCE			
Work Experience:			
Interests, Skills and Training			
Volunteer Experience:			

AVAILABILITY/COMMITMENT

I would like to volunteer at the following location: North Bay Sudbury

Select the type of commitment:

Adult

Youth (16 to 29)

- At least seven months (80+ hours) of continuous volunteer service (approx. 4 shifts a month)
- At least seven months (80+ hours) of continuous volunteer service (approx. 4 shifts a month)
- At least two months (50+ hours) of continuous volunteer service during the summer

Select the days and times you are available to volunteer:

Time \ Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning <small>(Any time between 7 a.m. to noon)</small>							
Afternoon <small>(Any time between noon to 4 p.m.)</small>							
Evening <small>(Any time between 4 to 7 p.m.)</small>							

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 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 NBRHC 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 kept to a minimum when volunteering.
- I understand that confirmation of hours can only be provided after 50 hours of volunteer service.
- 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 Signature: _____

Date: _____

PARENTAL CONSENT (For Applicants Under 18 Years of Age)

I give my permission for _____ (name of applicant) to volunteer at the North Bay Regional Health Centre. I have reviewed this application package and understand that volunteering requires a commitment on the part of my child/dependent including regular attendance, appropriate conduct and adherence to organizational policies and procedures.

Before starting service, I understand my child/dependent will be referred to the Health Centre's Occupational Health Department for health clearance and may require testing, such as blood work and a two-step tuberculosis (TB) test. I also understand and agree that if my child/dependent requires any immunizations to volunteer, these will be obtained through our family physician, a clinic or Health Unit.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Confidentiality Agreement

Name: _____

Affiliation with the North Bay Regional Health Centre: _____ Volunteer

1. During my association with the Health Centre, I may have access to information and material (electronic and manual records) relating to patients, medical staff, employees, or other individuals which is of a private and confidential nature. At all times, I shall respect the privacy of the information I may have access to as well as the privacy of the patients, employees and all associated individuals whom I may encounter while associated with the Health Centre.
2. I shall treat all the Health Centre administrative, financial, patient, employee and other records as confidential information, and I will protect them to ensure full confidentiality. I shall not read records or discuss, divulge or disclose such information about the Health Centre, unless there is a legitimate purpose related to my association with the Health Centre. This includes patient information from other facilities I may have access to as part of my regular duties. This obligation does not apply to information in the public domain.
3. I shall ensure that confidential information is not inappropriately accessed, used, or released either directly by me, or by virtue of my signature or security access to premises or systems.
4. I understand that access codes come with legal responsibilities and that I am accountable for all work done under these codes. If I have reason to believe that my access codes or devices have been compromised or stolen, I will immediately contact the appropriate department (i.e. I.S./Security etc.)
5. Violations of this policy include, but are not limited to:
 - accessing information that I do not require for job purposes;
 - misusing, disclosing without proper authorization, or altering patient or personnel information;
 - disclosing to another person my user name and/or password for accessing electronic records;
 - disclosing computer access codes (for example, door codes) that need to be kept confidential and secure;
 - failure to protect physical access devices (for example, keys and badges) and the confidentiality of any information being accessed.
6. I understand that the Health Centre will conduct periodic audits to ensure compliance with this agreement and its privacy policy.
7. I understand and agree to abide by the conditions outlined in this agreement as well as those outlined in the Corporate Privacy Policy, and they will remain in force even if I cease to have an association with the Health Centre.
8. I also understand that should any of these conditions be breached, I will be subject to corrective action up to and including loss of privileges, or termination of a contract or may be fined up to \$50,000 as per the current Privacy legislation.

I have read and understand the information contained in the Corporate Privacy Policy.

Volunteer Name (Please Print) Volunteer Signature Date

Witness Name (Please Print) Witness Signature Date

Respectful Workplace Agreement

North Bay Regional Health Centre (NBRHC) is dedicated to providing compassionate, quality patient-centered care to each and every person for whom services are provided. The Health Centre is committed to promoting a culture of mutual respect and a work environment that is fair and free from bullying, discrimination and any form of harassment or violence. Providing a healthy environment where all people feel safe, secure and valued. The purpose of this statement is to outline Respectful Workplace Standards in accordance with the Ontario Human Rights Code and Health Centre practices and policies. The procedure outlines the rights and responsibilities of the Health Centre Community and identifies and provides direction to address inappropriate behaviours, the necessary support services, training and awareness as well as provide procedures for resolving complaints and encourage the reporting of incidents.

The Health Centre Community (which includes board members, staff, physicians, volunteers, students, contractors, patients and visitors) is expected to foster a positive, supportive environment by interacting in a manner that is respectful, honest, inclusive, with integrity and in accordance with the Mission, Vision and Values at any NBRHC site or when representing the organization. Each individual is responsible to act in a manner that is appropriate, professional and courteous towards others at all times. Each individual has a responsibility to advise the other party when it is felt their behaviour(s) has become unwelcome or is perceived to be in violation of this policy statement. Each individual has a personal responsibility to actively participate in the improvement of workplace relationships when either policy violations occur or conflict resolutions have broken down.

All employees, physicians, board members, volunteers, students and contractors will read and acknowledge the provisions of the Respectful Workplace Policy Statement upon hire. Employees will reaffirm their understanding of the Respectful Workplace Policy Statement with every Recognition and Development Review completed.

The Health Centre will investigate and deal with all complaints or incidents and take corrective action while maintaining confidentiality throughout the process or as otherwise required by law. The NBRHC will not allow any form of reprisal against those who report such an incident in good faith.

NBRHC will not tolerate any disrespectful behaviour(s), or violation(s) to Respectful Workplace, Workplace Harassment or Workplace Violence policies

I, as a member of the North Bay Regional Health Centre's Community, will conduct myself in accordance with the values-based behaviours and all applicable NBRHC collective agreements/Non-Union Terms of Employment, policies, legislation, professional colleges and within appropriate clinical and/or boundaries, maintaining a professional relationship when interacting with the Health Centre Community.

I have read and understand North Bay Regional Health Centre's Respectful Workplace Policy Statement and related Policies and Programs and commit to support and uphold a respectful workplace environment that is free from disrespectful behavior, bullying, harassment and violence. I understand that if I have any questions regarding these policies and programs I can ask my immediate manager/supervisor/designate, speak to someone in Human Resources or Occupational Health, Safety and Wellness.

Print Name

Signature

Date

VOLUNTEER REFERENCE FORM

Thank you for taking the time to complete this Reference Form.

Please note that references must have known the applicant for a minimum of one year and cannot be family members, friends or reside in the same household. References may be contacted for additional information.

Name of Volunteer Applicant: _____

REFERENCE INFORMATION:

Reference Name: _____

Telephone: _____

Email Address: _____

What is your relationship to the applicant? (e.g. employer, teacher) _____

How well do you know the applicant?

Very Well

Well

Casually

How long have you known the applicant?

1-5 years

5-10 years

10+ years

Please select the following:

Poor

Fair

Good

Excellent

Not Sure

Reliability/Punctuality

Responsibility/Accountability

Trustworthiness

Self-direction

Communication/Interpersonal Skills

Compassion for Others

Respectfulness of Others

Adaptability

In which setting would the applicant work best?

Alone

Group

Either

Would you recommend this applicant to volunteer at the North Bay Regional Health Centre, knowing that he/she may not receive direct supervision?

Yes

No

Maybe

Other comments about the applicant:

Reference Signature: _____

Date: _____

This form can be returned to the applicant or sent directly to the Volunteer Department.

Volunteer Department

North Bay Regional Health Centre

50 College Drive, PO Box 2500, North Bay, Ontario, P1B 5A4

Email: volengdept@nbrhc.on.ca | Phone: 705-474-8600 ext.3131 | Fax: 705-495-7980

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