

**Almonte General Hospital & Fairview Manor
 Junior Volunteer Application Form**

**APPLICATIONS FOR THIS SUMMER PROGRAM ARE ACCEPTED STARTING APRIL 1ST
 ALL APPLICANTS WILL BE CONTACTED FOR AN INTERVIEW AFTER MAY 1ST**

Ensure that all questions are completed as fully and accurately as possible. PLEASE PRINT.

Junior Volunteers will commit to volunteering one week in the summer Monday to Friday from 9:00am to 3:00pm . Junior Volunteers will be able to participate in areas such as Physiotherapy, Day Hospital, Rosamond Unit, Fairview Manor Recreation, and Administration. General Orientation is provided to all of our Junior Volunteers, as well as specific training for individual roles.		
Last Name: _____		
Given Name(s): _____		
Age Group: ___ 14 – 15 ___ 16 – 20		
Address: _____		
City:	Province:	Postal Code:
Contact Information:	E-Mail Address (Checked Regularly): _____	
	Home Phone Number: _____	Cell Phone Number: _____
Emergency Contact:	Relationship: _____	
Contact Information:	E-Mail Address (Checked Regularly): _____	
	Home Phone Number: _____	Cell Phone Number: _____
Immunization:		
Date of last Tetanus Shot: _____		
Date of Boosters for MMR (Measles, Mumps and Rubella): #1		#2
COVID #1:	#2:	Booster: _____
		Known Allergies: _____
Are You:		
___ High School Student ___ College / University Student		
Name of School: _____		
Academic Program Enrolled in at Beginning of Year: _____		
Recruitment Source: (please place a check mark beside your choice)		
___ Hospital staff ___ Hospital volunteer ___ Patient ___ Hospital website ___ Other		
Languages spoken: ___ English ___ French Other: _____		
Availability:		
All successful Applicants will commit to 1 week of Volunteering Mon-Fri 9-3.		
Please bring your availability for the summer to your Interview.		
Please Note No Junior Volunteer Program on Canada Day and the Civic Holiday.		

Consent:		
___ I understand that the Almonte Hospital/Fairview Manor will keep any information about or on me for only the period of time that I am volunteering with the Hospital or Manor. After my termination from the Volunteer program all my information will be deleted from all files and folders to ensure the program adheres to the strict Confidentiality Code that the Hospital and Manor follow.		
Pledge of Confidentiality:		
___ All residents, Clients and Staff members have rights and responsibilities including the right to privacy. As a volunteer, you may learn confidential information about residents, clients and staff. You must uphold the Right to Privacy by keeping these matters confidential. Failure to comply may result in disciplinary action, up to and including the termination of your volunteer role with the Almonte General Hospital / Fairview Manor and may also result in legal action being taken by the Almonte General Hospital / Fairview Manor. A breach of confidentiality can also include the sharing of passwords, access codes, keys and badges. The only exception to this is in emergency situations. Passing along accurate and complete medical information to a physician, emergency room, hospital staff, nurses, etc. in an emergency is a part of our responsibility and is not a breach of confidentiality.		
Commitment:		
___ I will be punctual and carry out my duties to the best of my abilities and ensure that all my volunteer hours are recorded		
___ I will adhere to the Volunteer Services and The Almonte General Hospital/Fairview Manor policies and procedures as outlined in my position description		
___ I will notify Volunteer Services of any absence from volunteer duty with as much notice as possible		
___ I will return my photo ID card and uniform when I am no longer a volunteer		
___ I agree that the statements made in this application are true and correct and have been given freely		
___ Permission is hereby granted to The Almonte General Hospital/Fairview Manor to send Volunteer Training information and packages to my home		
___ Permission is hereby granted to The Almonte General Hospital/Fairview Manor to publish my name in newsletters and annual reports		
___ Permission is hereby granted to The Almonte General Hospital/Fairview Manor to take my photograph and use the aforementioned photograph for promotional purposes by The Almonte General Hospital/Fairview Manor		
By placing a check in the spaces above you are indicating that you have read and understood the information presented below and will adhere to the rules and policies explained therein.		
Name and Phone Number or Email address of References		
1.		
2.		
I, _____ (your signature) give The Almonte General Hospital/Fairview Manor permission to contact the References Names listed above.		
If you are over 16 years old you will be required to have a Vulnerable Sector Screening Form. Please pick up the AGH/FVM Confirmation Letter from Volunteer Services at time of interview.		
By signing below you have read and understand all policies and information that are part of the is documentation, and by knowingly providing any false information on this document will results in your termination in the Junior Volunteer Services programs at the Almonte General Hospital / Fairview Manor.		
Junior Volunteer's name (print below)	Signature	Date (dd/mm/yyyy)
_____	_____	_____
If Junior Volunteer is under the age of 18 years please have your Parent/Guardian sign below.		
Parent/Guardian's name (print below)	Signature	Date (dd/mm/yyyy)
_____	_____	_____
Once you have completed this form please email COMPLETED FORM to agh.volunteers@mrha.ca to secure an appointment for an interview.		