

I am currently: ✓

- full time student
- employed part-time at _____ position: _____
- seeking part-time employment after school or weekends
- other (please specify): _____

Do you have any commitments (sports, babysitting, job) that will interfere with your volunteer schedule?

No Yes:

If yes, please specify _____

I WANT TO VOLUNTEER AT THE HOSPITAL TO: (✓ where applicable)

- help others
- learn new skills
- personal satisfaction
- meet people
- keep busy
- show appreciation for help received
- explore career opportunities
- Meet educational requirements

I AM ABLE TO VOLUNTEER: (✓ where applicable)

TIME	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
Morning							
Afternoon							
Evening							

I HEARD ABOUT VOLUNTEERING AT THE HOSPITAL FROM: (✓ where applicable)

- hospital staff
- hospital volunteer
- visiting hospital
- local newspaper
- the Library
- my school
- other _____

REFERENCES: I hereby authorize Volunteer Resources to contact, in strict confidence, the following references. Please give names of 2 professional references – e.g., doctor, teacher, lawyer employer (do not use relatives) . It is suggested that you contact each person prior to using them as a reference.

Include a full mailing address including the postal code.

NAME:	NAME:
ADDRESS:	ADDRESS:
CITY: POSTAL CODE:	CITY: POSTAL CODE:
PHONE #:	PHONE #:
RELATIONSHIP:	RELATIONSHIP:

VOLUNTEER SIGNATURE: _____ DATE: _____

Students under 18 years of age require parent/guardian authorization to volunteer at the Hospital.

I hereby give my consent for _____ to participate in the Grey Bruce Health Services, Owen Sound Student Volunteer Program. I agree to my child's participation and have read the contract he/she is making. I am supportive of the commitment being made and the responsibilities she/he is accepting.

Full Name of Student: _____

Name of Parent or Guardian: _____

Address: _____

Apt: # _____ City: _____

Prov: _____ Postal Code: _____

Signature: _____

Date: _____

TB Surveillance: Under the Public Hospitals Act, a person is required to receive a Mantoux Tuberculosis Skin Test prior to serving as a volunteer in the hospital. Tuberculin tests are performed in the Occupational Health and Safety Department.

Full Name of Student: _____

has my permission to receive a 2-step Tuberculin skin test

_____ has received a Tuberculin test elsewhere in the past year.

Signature: _____

Date: _____

Please return to: Student Volunteer Program, c/o Volunteer Resources
Grey Bruce Health Services, Owen Sound
1800- 8th Street East
Owen Sound, ON. N4K 6M9
376-2121, extension 2886

STUDENT VOLUNTEER CONTRACT AND CONSENT FORM

This agreement is between

and Volunteer Resources - Grey Bruce Health Services, Owen Sound.

- ❖ Volunteer Resources will be responsible for providing information at the Orientation Session regarding policies and procedures, health and safety regulations and other relevant information.
- ❖ Volunteer Resources will be responsible for arranging department/area orientation and training. Ongoing supervision will be provided by the placement area. All Student Volunteers will be provided with a service description outlining their duties within the department.
- ❖ All Student Volunteers will be provided with a schedule of their service, including the names and telephone numbers of other students working on the same service. This is to allow volunteers the opportunity to “trade shifts” with another volunteer in the event they are unable to cover a scheduled shift.
- ❖ Volunteer Resources will provide each Student with a photo ID badge and a royal vest to be worn each time they volunteer in the hospital. Both these items are hospital property, vests will be provided and laundered at the hospital and badges must be returned upon completion of the volunteer placement.
- ❖ A letter of reference will be provided, if the Student has achieved satisfactory performance, has completed 60 hours of service **and** fulfilled their commitment.

As a Student Volunteer:

- ❖ I pledge that I will perform to the best of my ability any task that is given to me; to be punctual and conscientious in fulfilling my duties; and to consider all information which I may hear or learn through my duties as confidential.
- ❖ I commit to attending the General Orientation Session, department training, regular attendance, return of the evaluation form.
- ❖ I agree to try to arrange coverage of my shift with another volunteer if I am unable to attend. If I am unable to arrange coverage, I will notify Volunteer Resources of my absence and lack of coverage.
- ❖ I agree to comply with the hospital’s dress code and footwear policy. No short shorts, blue jeans or baseball caps are permitted. Low heeled, closed toe and heel shoes such as running shoes are perfect.
- ❖ I am aware that if I do not show up for a scheduled shift and have not contacted Volunteer Resources staff, I will receive a warning that this is not acceptable. A second absence from my duties, without notification, will indicate unreliable behaviour, which is not compatible with the Hospital’s requirements and is cause for dismissal from the program.

I understand and accept the responsibilities and commitment as outlined above.

Student Volunteer Signature

Date