



## VOLUNTEER APPLICATION FORM

St. Michael's Health Centre  
1400 9<sup>th</sup> Ave S, Lethbridge AB, T1J 4V5  
Phone: (403) 382-6488 Fax: (403) 382-6413

### **PLEASE TELL US ABOUT YOURSELF:**

Mr  Ms  Mrs  Miss

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_

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

I prefer to receive phone calls at:  Home  Business  Cell  Either  
Best Time: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(day/month/year)

Male  Female

### **PLEASE TELL US ABOUT YOUR EDUCATION:**

	Course of Study	Start Date/End Date
High School		
College or University		
Professional Training (Nursing, Physiotherapist)		
Other		

Are you receiving credit for you volunteer hours? Yes No

Required # of Hours: \_\_\_\_\_ By When? \_\_\_\_\_

What school/organization do you require the hours for? \_\_\_\_\_

Instructor/Teachers name if you do require hours for school credit: \_\_\_\_\_

Provide Instructors/Teachers email address or phone number: \_\_\_\_\_

**PLEASE TELL US ABOUT YOUR EMPLOYMENT HISTORY:**

Employed Unemployed Retired Student Homemaker

Name of Employer	Job Title	From/To (Month/Year)

**PLEASE TELL US ABOUT ANY VOLUNTEER WORK YOU HAVE DONE:**

Organization	Title/Placement	From/To (Month/Year)

Have you ever applied to St. Michael's Health Centre Organization before?

Yes  No

If yes, when? \_\_\_\_\_

**WHICH AREA ARE YOU INTERESTED IN?**

Resident Care Programs (Recreation, Spiritual Care, Friendly Visitors)

Support Services (Administration, Delivery of Newspaper, Watering of Plants, Feeding of Birds, Family Tours)

**WHAT SKILLS AND EXPERIENCE DO YOU HAVE TO OFFER?**

- |  |  |
|--|--|
| <input type="checkbox"/> Experience with the elderly | <input type="checkbox"/> Organization Skills       |
| <input type="checkbox"/> Nursing/Health care         | <input type="checkbox"/> Creative Ideas            |
| <input type="checkbox"/> CPR                         | <input type="checkbox"/> Arts and Crafts           |
| <input type="checkbox"/> Communication Skills        | <input type="checkbox"/> Photography               |
| <input type="checkbox"/> Works well with people      | <input type="checkbox"/> Entertainment Contacts    |
| <input type="checkbox"/> Physical Strength           | <input type="checkbox"/> Musical Instrument:       |
| <input type="checkbox"/> Special Training            | <input type="checkbox"/> Languages: Spoke, Written |
| <input type="checkbox"/> Clerical/Administrative     | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Computer Skills             |  |

**WHAT IS/ARE YOUR REASON(S) FOR VOLUNTEERING**

- Academic Credit
- Help Others/Give Back
- Learn New Skills
- Relative/Friend Volunteers
- Social Interaction
- Stay Active and Involved
- Explore Career Paths
- Referred by Medical Profession
- Other

**PLEASE CHECK THE TIME PERIODS YOU ARE AVAILABLE TO VOLUNTEER**

Most volunteer assignments require a regular commitment of time. Please check the appropriate boxes to indicate the days and time you are available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**TIME COMMITMENT**

How long a commitment are you prepared to make?

- required hours needed    3mths    6mths    9mth    1+year

How many times per week would you like to volunteer?

- 1 shift    2 shifts    4 or more

Are you interested in volunteering for special projects or events?    Yes    No

**HOW DID YOU FIND OUT ABOUT OUR VOLUNTEER PROGRAM?**

- |  |  |
|--|--|
| <input type="checkbox"/> Internet                | <input type="checkbox"/> From an employee of this organization |
| <input type="checkbox"/> Volunteer Lethbridge    | <input type="checkbox"/> I am an employee in this organization |
| <input type="checkbox"/> School                  | <input type="checkbox"/> Referral Organization                 |
| <input type="checkbox"/> Church                  | <input type="checkbox"/> Recruitment/Information Booth         |
| <input type="checkbox"/> Relative/Friend         | <input type="checkbox"/> Other                                 |
| <input type="checkbox"/> Another Volunteer       |  |
| <input type="checkbox"/> I live in the community |  |

**HEALTH INFORMATION**

Please describe any present or past health concerns (physical, intellectual or mental) which may affect your ability to perform as a volunteer or that you wish to be taken into consideration.

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**WHO WOULD YOU LIKE US TO CONTACT IN CASE OF AN EMERGENCY?**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home: \_\_\_\_\_ Work: \_\_\_\_\_

**REFERENCES**

Please provide two references, excluding family and close friends. References may include past or present employers, administrators, teachers, church leaders, etc.

Name	Organization	Relationship to Applicant	Phone Number (Work)	Phone Number (Home)

According to Provincial Legislation, you will be required to provide a criminal record check prior to beginning your volunteer service.

I declare that the information provided in this application is true and complete.

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

*All information provided in this application is regarded as confidential. It is being collected under the authority of the St. Michael's Health Centre Volunteer Program and is protected by Alberta's Freedom of Information and Protection of Privacy Act (FOIPP). If you have any questions in this regard, please contact the Volunteer Program Coordinator.*



# ST. MICHAEL'S HEALTH CENTRE

1400 - 9 Ave South  
Lethbridge, AB T1J 4V5

## VOLUNTEER RESOURCES

### "Oath of Confidentiality"

(Section 35 of the Alberta Hospitals Act)

"Information obtained from hospital records or from persons having access thereto shall be treated as private and confidential information in respect of any individual patient...and such information shall not be published, released or disclosed in any manner that would be detrimental to the personal interest, reputation or privacy of a patient or the patient's attending physician."

"Any person who knowingly and wilfully releases or discloses such information to any person not authorized to receive the same, is guilty of an offence and liable upon summary conviction to a fine of not more than one hundred dollars and in default of payment to a term of imprisonment not exceeding fifteen days."

I understand that disclosure on my part of privileged information as described above shall be cause for my immediate withdrawal from the Volunteer Program.

***"Dependability is the first requisite of good volunteer service"***

1. I will be punctual and carry out my duties to the best of my abilities.
2. I will notify the Supervisor of Volunteer Resources or designate of any necessary absence from duty as far in advance as possible.
3. I will not disclose any information gathered during the course of my duties as a SMHC Volunteer. This includes my family, friends or resident's family.

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

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



# ST. MICHAEL'S HEALTH CENTRE

## Volunteer Resources

Consent for Information

### FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

ALBERTA'S FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIP). On October 1<sup>st</sup>, 1998, Alberta's FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (referred to as FOIP) became legislation and restricted the way we use personal information about our volunteers. This consent form gives you the opportunity to decide what information we can use and how we can use it.

Yes No

- 1)   You have my consent to post the volunteer's picture in public places within the St. Michael's Health Centre facility in which the volunteer spends his/her time in and that have been taken while he/she has volunteered in their specific volunteer duties.
- 2)   You have my consent to use the name and personal (relevant and applicable) information about the volunteer for recognition purposes.
- 3)   You have my consent to photograph the volunteer for use in the local newspaper, St. Michael's newsletter or other periodicals.
- 4)   You have my consent to use the volunteer's name with the photographs under number 3 above.

\_\_\_\_\_  
Signature of Volunteer/Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date