

Secondary School Co-op Student Application and Registry Form

Personal Information

Last Name: _____ First Name: _____
Please print
Address: _____ City: _____
Postal Code: _____ Home Phone Number: () _____
Email: _____ D.O.B.: _____
(dd/mm/yyyy)

Educational Institution Information

Name of School: _____ Phone Number: _____
Name of Course: _____ Grade Level: _____
Name of Co-op Teacher: _____ Fax Number: _____


Choice(s) for HSN placement:

1. _____
2. _____
3. _____


Time of Co-op: ☐ a.m. ☐ p.m. ☐ full day

Please return completed application and registry form, resume, cover letter and two teacher references to:

Horizon Santé-Nord / Health Sciences North

 (705) 523-7179

Attention: Volunteer Services

 (705) 523-7037

41 Ramsey Lake Road

 volunteerservices@hsnsudbury.ca

Sudbury, ON P3E 5J1

Start of Placement: _____ Final Day of placement: _____

Student Signature: _____

Co-op Teacher signature: _____

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Student and Parent (Guardian) Agreement of Responsibility:

As a Co-op candidate at the HSN, there are specific responsibilities you must be aware of and in agreement with before you may begin your placement at this facility. These responsibilities include:

1. That I agree to abide by all regulations, policies and procedures that govern the HSN;
2. That I will read, sign and agree to abide by the terms of the HSN policy on confidentiality and code of conduct; That all information provided on the reverse of this document is accurate;
3. That I understand the HSN at no time will accept responsibility for loss or damage to the hospital facility or its equipment or for personal harm or property loss/damage include vehicles parked at the hospital.
4. That HSN may terminate this agreement at any time should the hospital deem my conduct or performance unacceptable. Such a decision except in extraordinary circumstances will be made in consultation with my co-op supervisor and the volunteer advisor.
5. That I agree to meet time and duty commitments or to provide adequate notice to both the placement supervisor and the Volunteer Advisor, Volunteer Services if late or unable to come in; more than 3 absences without prior notification will result in termination from the Co-op program at the HSN.
6. That I agree to complete the Volunteer Pre-Placement Immunization form that will include a TB skin test (or result of chest x-ray if skin test is positive). All inoculations must be up-to-date before starting the placement. We recommend that students also receive a flu shot.
7. That I agree to wear appropriate recommended clothing and footwear during my placement. It is unacceptable to wear jogging pants, muscle shirts, tank tops, ripped jeans, mini skirts, high heels or platform shoes, t-shirts with controversial messages. I agree to wear closed-heel and toe shoes. I also agree to keep jewelry to a minimum and adhere to the hospital's scent-free policy.
8. I am in agreement to provide Volunteer Services two Teacher Reference forms to be completed by my in-class teachers.
9. Schedules and assigned tasks are to be followed and respected. Any changes need to be discussed with a volunteer advisor.
10. I am aware that learning opportunities outside of my regular assigned duties may arise. I may be given the opportunity and interested in partaking as an observant (i.e. invitation to observe a birth). The signature from my parents or guardian (below on this form) will act as an authorization to do so.

Disclaimer: I understand that as a co-op student I may be exposed to various circumstances. These can include, but are not limited to the following experiences: disturbing incidents and perhaps crisis situations. Your health and safety is HSN utmost priority. For further information please feel free to discuss this with a Volunteer Advisor.

Date: _____ Student Signature: _____

Date: _____ Parent Signature: _____