

VOLUNTEER SERVICES APPLICATION FORM

Ce formulaire de demande est aussi disponible en français

OFFICE USE ONLY

Date received:

****Applicants must be a minimum age of 15 years to apply****

Please take the time to **answer each question carefully** and make sure to **fill out the form completely**. Remember to include **TWO completed Reference forms and the Volunteer Pre-Placement Immunization Form** with this application. **Only successful applicants will be contacted** for an interview in the next step to becoming a volunteer with Health Sciences North.

PERSONAL INFORMATION

Family Name:	Given Name:
Address:	City:
Postal Code:	E-mail:
Home Phone:	Cell:
How do you prefer to be contacted: (Please check one): <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell <input type="checkbox"/> E-mail <input type="checkbox"/> Other:	

	ADULT:	STUDENT:
Current status that best describes you: <u>(Please check ONE)</u>	<input type="checkbox"/> Employed <input type="checkbox"/> Seeking employment <input type="checkbox"/> Retired <input type="checkbox"/> Other: _____	<input type="checkbox"/> High School → Current grade: ____ <input type="checkbox"/> University/College student → Current year: ____

EMERGENCY CONTACT INFORMATION

Name:	Relationship to me:	
Home phone:	Cell phone:	Work phone:

EDUCATION

School:	Grade/Year completed:
Degree/Program:	
(Post-Secondary)	

LANGUAGES SPOKEN: ☐ English ☐ Français Other: _____

AVAILABILITY

Please mark (with an "X") the day(s) and time slot(s) when you will be available for your assignment:

Hours	SUN	MON	TUE	WED	THU	FRI	SAT
Morning (Any time between 7am to 12pm)							
Afternoon (Any time between 12pm to 4pm)							
Evening (Any time between 4pm to 7pm/10pm)							

FOR STUDENTS ONLY: I am only applying for (Please check ONE):

- ☐ Academic Year schedule → University/College (September-May) and High School (September-June).
☐ Summer Program → University/College students (May-August) and High School students (July-August).
☐ Both Summer Program and Academic Year schedule.

MANDATE

Have you been convicted of a criminal offence for which a pardon has not been granted? ☐ No ☐ Yes

Why would you like to volunteer at Health Sciences North in particular?

Please indicate the volunteer position(s) / area(s) that are of interest to you. Please check ALL those that apply.

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Direct patient contact | <input type="checkbox"/> Way-finding / Information Desk | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Limited patient contact | <input type="checkbox"/> Cancer Centre | |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Physiotherapy/ Exercise | |
| <input type="checkbox"/> Clinical support, assisting staff and patients (e.g. Emergency, Breast Screening, Cancer Clinics, Day Surgery, etc...) | | |
| <input type="checkbox"/> I have been in contact with a supervisor regarding a specific position (please specify supervisor's name, as well as the position discussed): _____ | | |

What skills, interests, hobbies, training or experience do you have that you feel will contribute to your success as a volunteer with HSN? Please check ALL those that apply.

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Music | <input type="checkbox"/> Administrative work | <input type="checkbox"/> Arts and crafts |
| <input type="checkbox"/> Data entry | <input type="checkbox"/> Work with children | <input type="checkbox"/> Knitting |
| <input type="checkbox"/> Research | <input type="checkbox"/> Revenue / Retail services | <input type="checkbox"/> Customer Service |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Computer / IT | <input type="checkbox"/> Sports / Exercise / Physical activities |
| <input type="checkbox"/> Other: _____ | | |

ACKNOWLEDGEMENTS

I certify that the statements made on this application are true.

Signature

Date

Parent or Guardian for Applicant Under 18 Years of Age

Date

Thank you for returning!
Confidential when completed.

Completed forms can be faxed, Emailed, mailed or handed in person to the Volunteer Services office:

Health Sciences North- Volunteer Services ♦ 41 Ramsey Lake Road ♦ Sudbury, ON ♦ P3E 5J1
Phone: (705) 523-7179, ext. 3 ♦ Fax: (705) 523-7037 ♦ Email: volunteerservices@hnsudbury.com



VOLUNTEER SERVICES

REFERENCE FORM

A teacher, coach, clergy, neighbour, employer, camp counsellor, volunteer supervisor, or someone that knows you well should provide the reference. Family members or friends are not recommended references.

This individual is applying to do volunteer work at **Health Sciences North/Horizon Santé-Nord**. As a volunteer this individual may have contact with people who are vulnerable, recovering from illness or have special needs. Volunteer activities may include visiting, offering support and comfort, handling cash, and working in positions of trust and confidentiality. Volunteers are required to work cooperatively with employees, visitors and other volunteers.

Name of Volunteer: _____

Name of Reference: _____ Phone: _____

Organization: _____ Title: _____

How well do you know the applicant? ☐ very well ☐ well ☐ casually

How long have you known the applicant? ☐ < 6 months ☐ 1 – 5 years ☐ 5+ years

In what capacity do you know the applicant: _____

Please check the following:

	Poor	Fair	Good	Excellent	Unable to Judge
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassion for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectfulness of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you think the applicant works better:

☐ independently ☐ one-to-one ☐ as a team member ☐ in any combination of situations ☐ unable to judge

Comments: _____

Do you consider the applicant suitable to be a volunteer at HSN knowing that he/she may not receive direct supervision? ☐ YES ☐ NO ☐ MAYBE

All information provided is **CONFIDENTIAL**. Please return completed form:

☐ to the applicant in a sealed, signed envelope or

☐ fax it to 705-523-7037 or

☐ email it to volunteerservices@hsnsudbury.ca

If you prefer to contact HSN Volunteer Services directly please call **705-523-7179**

Health Sciences North/ Horizon Santé-Nord

Volunteer Services

41, chemin lac Ramsey Lake Road

Sudbury, ON P3E 5J1

Thank you for your time.

Signature: _____

Date : _____



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Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Health Sciences North/ Horizon Santé-Nord

Volunteer Services

41, chemin lac Ramsey Lake Road

Sudbury, ON P3E 5J1

Thank you for your time.

Signature: _____

Date : _____

VOLUNTEER PRE-PLACEMENT IMMUNIZATION FORM

Name: (please print clearly) _____

Date of birth: _____
(dd/mm/yyyy)

Purpose:

The purpose of this form is to screen **you for communicable diseases**. Health Sciences North (HSN) must comply with the guidelines and requirements of the Public Hospitals Act (Re 965, Section 4). This is a requirement under the Ontario Hospital Act. It is for the protection of our patients as well as for you.

Instructions:

As a **condition of acceptance** into the Volunteer Services Program and in accordance with **HSN's Health Care Worker Communicable Disease Surveillance program policy**, you are required to **meet the immunization requirements outlines on the form in full** and return it to Volunteer Services with you Volunteer Application Package.

You are also responsible for any costs associated with obtaining the appropriate immunizations and/or bloodwork and for the costs of having the form completed by a health professional, if required. Please note that failure to submit the requested information in full will result in **delays with you Volunteer Application Package** and the inability of the Volunteer Services Department to provide your clearance to commence work.

New applicant:

I, _____ (please print), understand my obligation to remain fully compliant with any new or additional Communicable Disease Surveillance Protocols requirements as noted above. I agree to release the information above to the Volunteer Services Department of Health Sciences North. I understand that the Volunteer Services Department will be allowed to know my immunity status (immune/non-immune) in accordance with the HSN's Health Care Worker Communicable Disease Surveillance program policy and Communicable Disease Surveillance Protocols. I certify that, to the best of my ability, the information provided is complete and correct.

Name (print): _____

Date: _____

Signature: _____

Pre-placement Immunization Form

Part A: Communicable Diseases History – Immunization Status

All documented vaccinations and tuberculosis (TB) testing on this form must be supported with a **COPY** of the **Immunization Records** or proof of immunization from the person who administered the vaccine/TB tests. **Lab titres must be supported with a copy of laboratory reports.**

Proof of documents include; laboratory results (obtained by the physician who ordered the bloodwork) and/or Immunization Record, (can be obtained at the Health Unit or provided by your healthcare provider).

Measles	<input type="checkbox"/> Proof of laboratory report of immunity (titres) is required OR <input type="checkbox"/> Proof of 2 MMR Vaccines
Mumps	<input type="checkbox"/> Proof of laboratory report of immunity (titres) is required OR <input type="checkbox"/> Proof of 2 MMR Vaccines
Rubella	<input type="checkbox"/> Proof or laboratory report of immunity (titres) is required OR <input type="checkbox"/> Proof of 2 MMR Vaccines
Varicella (Chicken Pox)	<input type="checkbox"/> Proof of laboratory report of immunity (titres) is required if you had Chicken Pox, OR <input type="checkbox"/> Proof of Varicella vaccine (2 doses required).
Tetanus/ Diphtheria/ Pertussis	<input type="checkbox"/> Proof of Tetanus vaccine <i>Tetanus, diphtheria, pertussis is recommended 10 years after the 4 to 6 years of age dose for children. Tetanus/Diphtheria should be given at 10 year intervals.</i>

Part B: Tuberculosis (TB) Screening Status:

You are **required** to have a documented **2-step tuberculosis skin test (TST)**. A TST involves having a small amount of tuberculin injected under your skin and then having the results “read” 48-72 hours later. A 2-step TST means ***that you have to repeat the two visits again one week later.***

2-step TB test	<input type="checkbox"/> Proof of 1st Step TB vaccine <input type="checkbox"/> Proof of 2nd Step TB vaccine NOTE: <i>If you have received 2-step TB skin test in the past, you are then only required to submit 1-step skin test.</i> What happens if I test positive on TB skin test? <i>If the TB skin test is 10 mm induration or greater, a chest x-ray is required. X-ray must have been completed within the last 12 months and the positive skin test must be documented above.</i> <input type="checkbox"/> X-ray results (attach copy of x-ray report)

Return completed form with your Volunteer Application Package to:

HSN Volunteer Services Office
Health Sciences North - Centre Tower Level 2
41 Ramsey Lake Road, Sudbury, ON P3E 5J1
Confidential Fax: 705.523.7037

Frequently Asked Questions

1. *How do I find my immunization information?*

- The information can be found on your yellow immunization card

2. *If I do not have a yellow immunization card, where do I go to obtain one?*

- Family Physician (appointment needed) or
- Public Health Sudbury & Districts (no appointment needed) or
- North East Ontario Medical Office (NEOMO) – 885 Prete St, 705-586-3601 ext. 1016

NOTE: If you do not have any record of immunizations, you will need to obtain bloodwork to demonstrate proof of immunity

3. *Where do I go to get a bloodwork requisition for proof of immunity and where can I received my TB testing?*

- **Walk-In Clinics offers:**
 - i. Bloodwork requisition for proof of immunity
 - ii. TB testing
- **Family Physicians offers:**
 - i. Bloodwork requisition for proof of immunity
 - ii. TB testing
- **North East Ontario Medical Office (NEOMO) offers:**
 - i. Bloodwork requisition for proof of immunity
 - ii. TB testing
- **Laurentian University Students – Visit the Health and Wellness Service**
 - i. In person: Single Student Residence – Room G-23
 - ii. Phone: 705-673-6546, or 705-675-1151 ext. 1067
 - iii. Email: healthservices@laurentian.ca

4. *Are there any costs associated to obtaining the required information regarding my immunization and testing?*

- There is a cost related to obtaining your immunization status. Cost will vary depending where you choose to obtain information and testing.
- Public Health Sudbury & Districts
- **Northwood Medical Clinics** offer **FREE** TB testing for students volunteering for a school program only. For more information, contact them directly at 705-806-7915.

5. *How long will it take to complete the immunization process?*

- It can take 2 to 4 weeks to complete the process, depending on how fast you can make your appointments.

6. *After a positive TB test, what happens if the result of my chest x-ray is still positive?*

- Consult your health care provider for treatment. Your application may be accepted if/or thereafter, treatment is followed through.