BGH Auxiliary
Volunteer Application Package.

The Belleville General Hospital Auxiliary Inc. provides a variety of volunteer services for the clients and staff of Quinte Health Care Belleville General Hospital, and for the community at large. It's fundraising projects are designed to augment the equipment fund of QHC Belleville General Hospital.
JOIN THE BGH AUXILIARY

IT’S TIME WELL SPENT!

RSVP for Orientation: 613-969-7400 ext. 2297 bgauxiliary@qhc.on.ca

Visit the volunteer section at: www.qhc.on.ca for more information & to check out our online orientation option.

Oncology Maternity
In-patient Unit Ambassadors:
  ➔ Mental Health– Sills 5
  ➔ Rehabilitation– Sills 3
  ➔ ACE UNIT– Quinte 4
Emergency Ambassador
Day Surgery Ambassador
Main Entrance Ambassador
Breast Screening Clinic
Host
Library Cart
Family Care Rooms
Opportunity Shop
Auxiliary Tuck Shop
Aroma Café-HELPP Lottery
Gift Shop
Office Assistant
Fundraising
Special Events
Governance
Archives
About the Belleville General Hospital Auxiliary

What we do:

⇒ Operate Volunteer Services within the hospital in support of patients, families and staff.
⇒ Operate revenue generating businesses inside the hospital to serve staff and visitors, and raise money for the hospital.
⇒ Operate a revenue generating thrift shop downtown Belleville in Market Square called ‘The Opportunity Shop’. Proceeds support the hospital.
⇒ Hold a number of special events each year.
⇒

The BGH Auxiliary is fortunate to have a tremendous scope of volunteer engagement. With over 300 members, our dedicated volunteers contribute well over 30-thousand volunteer hours each year in support of the hospital. It truly is "Time Well Spent". Join our team!

For more information, contact the Belleville General Hospital Auxiliary Volunteer Services office at 613-969-7400, ext. 2297 or email haux@qhc.on.ca.

Our History:

For nearly 8 decades, the Belleville General Hospital Auxiliary has supported patients, visitors and staff. The Auxiliary not only operates over 20 volunteer programs, but they also raise an impressive amount of money each year to aid in the purchase of much needed medical equipment.

The Women's Hospital Auxiliary was organized April 28, 1938, at a meeting held in City Hall Council Chambers. In October of 1974, the name was changed to the Belleville Hospital Auxiliary to reflect the inclusion of men as volunteers.

BGH Auxiliary provides a variety of volunteer services for the patients and staff of Quinte Health Care. Fundraising projects are designed to augment the equipment fund of QHC, Belleville General Hospital.

Thank you for your commitment to supporting our community hospital. Your efforts are indeed, “Time Well Spent”!
Volunteering with the BGHA is Time Well Spent!
The BGH Auxiliary offers diverse and exciting volunteer opportunities to invest your time to healthcare.

- **Opportunity Shop**: Located at Market Square, this second hand shop raises funds for the Auxiliary. Volunteers sort and price donations, work cash and provide exceptional customer service.

- **Gift Shop**: Located at the Main Entrance of BGH, volunteers provide courteous customer service, arrange shelves and conduct sales.

- **Aroma Café**: Located at the Sills Entrance, volunteers provide visitors with information and directions as well as selling refreshments, snacks, reading materials and HELPP Lottery Tickets.

- **Auxiliary Tuck Shop**: Located on the third floor of BGH, volunteers provide courteous service, prepare coffee, clean tables and work at cash.

- **Main Entrance Ambassador**: Stationed at the information desk, volunteers help patients and visitors find their way around the hospital and answer requests about various departments.

- **Emergency Department Ambassador**: Volunteers interact with patients and families in the emergency department, direct or assist patients as appropriate; reassure & comfort patients; attend to non-medical needs and maintain communication with families.

- **Same Day Surgery Ambassador**: Volunteers act in a host capacity for those coming into day surgery, provide non-clinical information to patients and family members and provide directions for those looking for other clinics and services on Quinte 1.

- **Mammography Clinic Host**: Volunteers act in a host manner to women coming in for mammograms, showing the patient to the change area.

- **Pet Therapy**: Pet therapy-certified dogs and owners visit patients to provide social interaction. *All dogs must be certified.*

- **Palliative Care Service**: Volunteers establish a supportive relationship with patients facing end of life. **Partnership with Hospice Quinte** – all volunteers interested are referred to this agency.
The BGHA provides a variety of volunteer services for the patients and staff of Quinte Health Care Belleville General. Its fundraising projects go to support the work of the BGHA.

- **Family Care Rooms**: Volunteers help maintain two rooms allocated to families with loved ones in critical/palliative condition within the hospital so they can remain nearby their loved one.

- **Oncology**: Volunteers act as a host for the clinic distributing information about Canadian Cancer Society services, preparing coffee, restocking nutritional supplies and preparing patient packages for use by nurses. In addition to QHC orientation, volunteers take a one hour orientation with the Canadian Cancer Society.

- **Maternity/Pediatrics**: Volunteers provide assistance with a couple of “housekeeping” jobs, occasionally help new moms who wish to shower, etc. by offering to look after their baby, and assist families with the care of sick children who have been admitted.

- **Maternity Tour Guide**: Volunteers provide tours of Quinte 7 (Maternity) for expectant parents.

- **Library Cart**: Volunteers supply patients, visitors and family members with books and magazines on a free lending basis.

- **Inpatient Unit Ambassadors**: Inpatient Ambassador Volunteers provide social engagement, encouragement, companionship and non-clinical assistance to patients and family members. Inpatient Ambassador Volunteers are active in the following areas: Sills 5—Mental Health, Sills 3–Rehabilitation Unit and Quinte 4 Acute Care for the Elderly Unit.

- **Volunteer Services Office Assistant**: Field inquiries from individuals interested in volunteering, answer phones, take memberships, etc.

- **Governance, Fundraising and Special Events**: Volunteers sit on the board and committees to help with Auxiliary operations and projects.
Volunteer Checklist

For your convenience, here’s a checklist for you to keep track of what you need to do to become a volunteer:

- Attend an information/orientation session or completing the online version with the review sheet filled out and submitted prior to volunteering is mandatory. Please note: if you plan to complete the orientation online- first email or call to arrange a time to discuss your interests, suitability and availability. Email: jmoxness@qhc.on.ca or call: 613-969-7400 ext 3012.

- Complete the application Form providing 2 references (not relatives).

- Provide documentation of the following:
  1) Two-step Mantoux test (TB test): You only need a one-step TB test if you have had a two-step TB test done in the past (with proof of your two-step from the past). If your TB test is current (within one year), you do not need another one. If your TB test has been positive in the past, please submit a copy of your current chest x-ray. The Occupational Health and Safety Office at QHC BGH will conduct the test. Once you have your other documents complete, the Auxiliary will help arrange a time for your TB testing.

  2) Up-to-date immunization record: Please provide us with a copy of your immunization record. If you don’t have a copy, your physician or health unit should be able to provide you with your immunization record. If you have no records, book an appointment with your physician and request a Titers blood test (blood work to prove your immunity to Varicella/Zoster, Rubella, Mumps & Measles.

- Complete a Criminal Reference Check: You may complete a Criminal Reference Check Form online with the vulnerable sector portion completed or visit your local Police Station.

- New volunteers need to obtain a hospital ID badge and sign a confidentiality agreement, and obtain a smock (volunteer uniform) $20 and Auxiliary Membership $5. The Auxiliary Volunteer Services representative that contacts you for placement will walk you through that process.

- Note: Please contact the BGHA Volunteer Coordinator’s Office with any questions related to specific volunteer positions and scheduling or to book a time to discuss placement. Email haux@qhc.on.ca or phone: (613) 969-7400 ext. 3012.
Health Screening: Volunteer Services
1. Proof of Immunizations 2. Tuberculous Testing

NAME OF VOLUNTEER: DOB(d/m/y):

1. For the physician’s office (if the volunteer applicant does not have proof of immunization):

This patient is interested in volunteering at Quinte Health Care. The Ontario Hospital Association outlines mandatory screening standards for the diseases listed below and compliance is required by all persons carrying on duties in the hospital environment.

Volunteers must have immunity to:
- Varicella/Zoster
- Rubella
- Mumps
- Measles

Influenza Shot - It is strongly suggested that volunteers have an influenza shot.

I HEREBY CERTIFY THAT THE ABOVE VOLUNTEER HAS MET THE OCCUPATIONAL HEALTH AND SAFETY STANDARDS LISTED ABOVE.

| Name of Person Completing Form: ____________________________________________________________ |
| Position: ____________________________________________ Date: ____________________________ |
| Signature: ____________________________________________ Phone #: __________________________ |
| Address: ____________________________________________ Date: ____________________________ |

2. For the volunteer applicant if he/she does have a copy of immunization record: I confirm I have received all childhood immunizations listed and have attached a copy of my immunization record.

Signature: ____________________________________________ Date: ____________________________

3. Tuberculous Testing: Proof of TB testing is required within 2 months of application to volunteer at Quinte Health Care Hospitals. This will be arranged through the Auxiliary office when your other documentation is completed.

Thank you for your time and efforts.
If you have any questions, email QHC’s Volunteer Specialist at: jmoxness@qhc.on.ca or call the Auxiliary Volunteer Coordinator at (613)969-7400 ext. 3012.
Belleville General Hospital Auxiliary Volunteer Application

Name: ___________________________________________ Date: __________________________

   First Name       Initial       Last Name

Address: ________________________________________________________________

   Street No.   Street Name   Apt / Unit No.

   P.O Box       City / Town   Postal Code

My current occupation is: ___________________________________________ □ Retired □ Student

Student Volunteer Commitment: Due to the time and effort it takes to screen and train student volunteers, we encourage you to do more than your 40 hours of service required. 100 hour minimum recommended. Thank you.

Check one if applicable: □ Summer Student only □ I intend to do 40 hours only

Sex: □ Male □ Female

Home Phone #: ___________________________ Email (H): ___________________________

Work Phone #: ___________________________ Email (W): ___________________________

Best time to call? □ A.M. □ P.M.   Cell Phone #: ___________________________

Why do you want to volunteer with the Belleville General Hospital Auxiliary?

______________________________________________________________

______________________________________________________________

What skills or experience might you be able to offer? (Check all that apply):

___ Knowledge of retail sales
___ Musical skills (eg: piano)
___ Sewing, knitting, etc. (list below)
___ Experience in business & management
___ Experience on boards & committees
___ Understanding of fiscal and financial matters
___ Understanding of legal matters
___ Knowledge & experience in human resource Management
___ Knowledge & experience in health care field

List any additional skills you have: ____________________________________________

Employment/Training Background (Please attach Resume if available):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Availability: What days of the week and times are you available to volunteer?
______________________________________________________________________________________________
______________________________________________________________________________________________

Please take a moment to review the many volunteer opportunities available listed in this package. What are your top two areas of interest?

1. ___________________________________________ 2. ___________________________________________

Would you be willing to volunteer in any of the following ways? (Check one):

___On the BGHA Board  ___As a Committee Convener (team leader)
___As a member on a committee  ___On special events  ___On a fundraising event
___A Board of Directors chart requested with the Application

I will abide by the rules and regulations of the Belleville General Hospital Auxiliary.

Signature of Volunteer: _____________________________________________   Date: ______________________

Reference Check Permission

I, ______________________________________________, give the BGH Auxiliary permission to contact the 2 references listed below to discuss my suitability as a volunteer within the hospital.

Signature: _____________________________________________   Date: ______________________

List 2 persons who have knowledge of your character and/or experiences. Your references should be people who know you through different relationships and/or situations. For example: employer (paid or volunteer position), co-worker, teacher, etc. No family members please.

Reference #1

Name: __________________________________________________________________________________

First Name               Last Name

Phone or Email: ___________________________ Cell Phone #: __________________________

Best time to call? □ A.M.  □ P.M.        Relationship to applicant: _______________________________

Reference #2

Name: __________________________________________________________________________________

First Name               Last Name

Phone or Email: ___________________________ Cell Phone #: __________________________

Best time to call? □ A.M.  □ P.M.        Relationship to applicant: _______________________________
Volunteering at Quinte Health Care

Please sign and return this form with your application to the Volunteer Office.

Release and Waiver of Liability:
I understand that Quinte Health Care Corporation and the four Auxiliaries associated with QHC (Belleville, Trenton, Prince Edward County and North Hastings) disclaims any responsibility for any losses or injuries to me, my family, and/or my property.

In consideration of Quinte Health Care Corporation and the four Auxiliaries associated with QHC, permitting me to volunteer, I hereby accept all risks of loss, injury, or damage to me, my family or my property, and exempt Quinte Health Care and the four Auxiliaries associated with QHC, its directors, officers, agents, employees, management, physicians and any other representatives.

In signing this waiver, I do forever release, covenant to hold harmless, and indemnify Quinte Health Care Corporation and the four Auxiliaries associated with QHC, its directors, officers, agents, employees, management, physicians and any other representatives, from any and all actions, causes of actions, claims, demands, damages, costs, losses, expenses on account of, or in any way arising out of, directly or indirectly, all personal injuries or property damages which I may now or hereafter may have, resulting from my voluntary performance of services.

Accessibility, Confidentiality & Hand Hygiene:
In addition, I have reviewed and understand the “Making Volunteer Services Accessible” section of the Volunteer Handbook as well as the sections explaining confidentiality and hand hygiene: I agree to abide by these sections.

NAME OF VOLUNTEER (Please Print): ______________________________
Date: ______________________________
Signature of Volunteer (if 18 or Over): ______________________________
Signature of Guardian (if Under 18): ______________________________
Obtaining a Criminal Background Check: Belleville Police Services

From the BPS online system found at: http://www.policesolutions.ca/checks/services/belleville/index.php

Non-Refundable Fee (including applicable taxes) Please note, if you do not use this online system, there is a $10 surcharge for visiting the police station. (Volunteers are charged $15 and the average turnaround time is 30 days)

Welcome to the Belleville Police Service’s new online process for persons needing a police screening check for volunteer or employment purposes. This system allows you to apply for a police screening check 24 hours a day without having to attend our facility. All aspects of the process - including verification of your identification, and fee payment - are handled electronically. If there are no concerns or follow-up required, your police screening documents will be mailed to you in a confidential envelope.

Please note: You must be a resident of the City of Belleville (including areas of Corbyville, Foxboro, Plainfield, Roslin, Stirling and Thurlow) that are in the Belleville Police Service’s jurisdiction) in order to apply through this Police Service.

This process is intended for persons living and working in Canada. If you are living/working outside Canada, you should obtain a police check from the RCMP through the submission of fingerprints.

NOTE: We do not recommend that you attempt to use this system if you:

- Have lived in Canada for less than one (1) year, and/or;
- Are under the age of twenty-one (21) years, and/or;
- Have no established personal credit history - i.e. no credit cards, bank loans, mortgage, etc. - that is required in order to authenticate your ID using EIV

Please be aware of these requirements before creating an account. If you fail to authenticate your ID, you will be required to attend our offices in person with two pieces of ID.

There are three levels of screening checks. The type of position you are applying for will determine which type of check you will require. In all cases you should consult with the agency, organization or employer that requires you to obtain a police check to determine which one is needed. (For QHC, you require Vulnerable Sector Screening).

Incomplete applications (i.e. no identification provided, authentication aborted / failed / not completed or further information requested) and applications requiring in-person attendance will remain in the processing queue for no more than sixty (60) days from the time of initial application. Fees are non-refundable and incomplete applications will be considered 'abandoned', and removed from the processing queue after sixty (60) days.

The Belleville Police Service will return the results of the check by mail to the applicant only. We will not mail the results to a third-party organization or employer under any circumstances.
Still have questions?

We are happy to help.

Email Volunteer Specialist Jay Moxness at jmoxness@qhc.on.ca or call the BGH Auxiliary Office: (613) 969-7400 ext. 3012.

We appreciate your time and commitment to your community hospital!

Thank You!