



Trenton Memorial 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**

Please Note: The TMH Auxiliary only accepts volunteers 18 years and over. Thank you.

Sex: Male Female

Home Phone #: _____ **Email (H):** _____

Work Phone #: _____ **Email (W):** _____

Best time to call? A.M. P.M. **Cell Phone #:** _____

How did you find out about volunteering with the 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)
- Knowledge and experience in business and management
- Experience in governance on Boards and committees
- Understanding of fiscal and financial matters
- Understanding of legal matters
- Knowledge and experience in human resource management

List any additional skills you have: _____

Summary of Employment/Training Background:

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

Please take a moment to review the many volunteer opportunities available:

1. **Physiotherapy Volunteer:** Provide service and assistance to patients and staff in the Physiotherapy Department. Example of tasks: make compresses, porter patients, and supervise exercises.
2. **Inpatient Unit Volunteer:** Provide service and assistance to patients and professional staff of the Medical/Surgical Ward. Example of tasks: Provide ice and drinking cups to each patient, pick up and deliver items for the main desk, and visit with the patient to find out if there is any general help they need eg. magazines, water plants etc.
3. **Day Surgery Volunteer:** The position provides service and assistance to patients and professional staff in the Day Surgery Ward. Example of tasks: Provide basic information and greetings to patients entering the ward, always directing inquiries to the main desk; ensure proper supplies are available for the staff and patients; ensure bedding is correct and beds are in locked position; check general supplies of linens and towels for the day's usage.
4. **Rehabilitation Volunteer:** Provide service and assistance to patients and professional staff of the Rehabilitation Services at TMH. Example of tasks: Assist with activities, porter patients, provide support to patients participating in activities.
5. **Emergency Department Volunteer:** Volunteers interact with patients and families in the Emergency department; direct or assist patients as appropriate; reassure and comfort patients; attend to non-medical needs and maintain communication with families.
6. **Clinic/Ontario Breast Screening Program Host:** To act in a host manner to women coming in for mammograms. Volunteers show the patient to the change area, and the video room to view an informational video about breast examination. The host also greets individuals coming into the clinic area and provides directions.
7. **Coffee Bar Attendant:** Provide courteous service to customers of the TMH Auxiliary Coffee Bar. Example of tasks: Make coffee, put out snacks, set up cream & sugar cart, restock supplies, receive and wrap baked products and operate cash.
8. **Gift Shop Volunteer:** Provide courteous service to the customers of the TMH Auxiliary Gift Shop and provide information and guidance to individuals coming in to the main hospital entrance. The gift shop operates a "gift cart" that is taken throughout the hospital on a weekly basis.
9. **Book Cart Volunteer:** Offer books and magazines to patients in the hospital. Stocks the library cart with books and magazines & takes it to specific areas of the hospitals and offer patients the reading materials to borrow during their stay at TMH.
10. **Special Events:** TMHA holds special events each year, such as its annual Christmas Bazaar which raises much needed money for the hospital. Volunteers are needed to assist in various roles in planning and/or helping during special events.
11. **Leadership and Administration Roles:** The TMH Auxiliary is a nonprofit corporation and registered charity with its own volunteer board of directors and administrative roles. Volunteers are invited to consider taking on a leadership or administrative role once familiar with the organization.

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 TMHA Board Help with special events

Comments: _____

Reference Check Permission

I, _____, give the TMH Auxiliary permission to contact the two references listed below to discuss my suitability as a volunteer within the hospital.

Signature: _____ Date: _____

List two 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: _____

I will abide by the policies and procedures of Quinte Health Care and Trenton Memorial Hospital Auxiliary. QHC's policies and procedures are available on the intranet accessible within the volunteer office.

Signature of Volunteer: _____ Date: _____

For Office Use Only

Below is an intake checklist for new volunteers. Check each item as the steps are completed.

- Occupational Health clearance received
- Incident-free police check received
- References checked
- ID badge issued
- Smock
- Placement date _____ with _____
- Follow-up one month later
- Filed and membership list updated

Notes:



Volunteering at Quinte Health Care

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

1. 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.

2. 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: _____



265 Dundas Street East, Belleville ON K8B5A9
(613) 969-7400 ext. 2297

Date:

Re: Request for Police Background - Vulnerable Sector Screening

Dear Sir/Madame:

_____ has applied for a volunteer position within a Quinte Health Care Hospital Auxiliary. We require that all new volunteers have a police background check and vulnerable sector screening before beginning any voluntary role within the hospital or and/or Auxiliary Services. Volunteers have access to vulnerable patients during their role within the hospitals including elderly, children and patients with various disabilities.

Thank you very much for your time.

Sincerely,

A handwritten signature in black ink that reads 'C. Walker'. The signature is written in a cursive style and is set against a light blue rectangular background.

Catherine Walker
Manager, Community Relations
Quinte Health Care
cwalker@qhc.on.ca
(613) 969-7400 ext. 2689

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.

<i>Name of Person Completing Form:</i> _____	
<i>Position:</i> _____	
<i>Signature:</i> _____	<i>Date:</i> _____
<i>Address:</i> _____	<i>Phone #:</i> _____

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. Please refer to the volunteer handbook for additional information on obtaining tuberculous testing from the local health unit.

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 TMH Auxiliary Volunteer Coordinator at 613-392-2540 ext 5454 or email tmaux@qhc.on.ca .

