



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. All proceeds go to support the work of the BGH Auxiliary.

VOLUNTEER CHECKLIST !

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

- Book a one-on-one orientation session with Volunteer Specialist Jay Moxness by email at jmoxness@qhc.on.ca or by phone at 613-969-7400 ext 3376 or completing the online version with the review sheet. 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.
- Complete the application form providing 2 references. No family members please.
- Up-to-date immunization record: If you don't have proof of immunization, your physician will be able to provide it. If you have no records, book an appointment with your physician and request a Titers blood test (blood work to prove your immunity to mumps, measles, rubella, varicella and pertussis - all the vaccines you would have received as a child). Alternatively, the public health unit (where you grew up) may be able to provide you with proof. You will also need proof of COVID-19 vaccination.
- 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. We will provide you a cover letter on QHC letterhead confirming your intent to volunteer at the hospital.
- Once all the rest of your paperwork is complete, the Auxiliary will arrange for the second part of the health screening required to volunteer in Ontario hospitals— Tuberculous testing. The Occupational Health and Safety Office in the hospital will do a 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 tested positive in the past, please submit a copy of your current chest x-ray.
- New volunteers need to obtain a hospital ID badge and sign a confidentiality agreement, 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. bgauxiliary@qhc.on.ca or (613) 969-7400 ext. 3012.

Health Screening: Volunteer Services
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. Evidence of immunity from vaccination or history of disease is required within 2 months of application to volunteer at Quinte Health Care Hospitals.

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. This will be arranged through the Auxiliary office when your other documentation is completed. The testing is done in the hospital.

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)
- 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: _____

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, outlined in the BGH Auxiliary Volunteer Brochure. 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

Comments: _____

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: _____

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
- Membership
- Placement date _____ with _____
- Follow-up one month later



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.

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!

Our History:

For 80+ years, 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. All proceeds go to support the work of the Belleville General Hospital Auxiliary.

Thank you for your commitment to supporting our community hospital. Your efforts are indeed, "Time Well Spent"!