ROSS MEMORIAL

HOSPITAL AUXILIARY - VolunTEEN

10 Angeline St N Lindsay, ON K9V 4M8 705-324-6111 ext 4386

Thank you for your interest in the VolunTEEN program at Ross Memorial Hospital.

The following information outlines what is required to volunteer in the Ross Memorial Hospital Auxiliary VolunTEEN program. VolunTEEN programs are in after school hours and on weekends. Applications will be kept on file for three months.

PLEASE NOTE: 50 Hours of volunteer service musts be completed before High School Community Service Record will be signed.

Criteria to volunteer:

VolunTEENS must make a Serious Commitment of their time to Ross Memorial Hospital. All of our VolunTEENS must be between 14 and 19 years of age.

VolunTEEN Opportunities are available in:

Retail - These VolunTEENS work in the Auxiliary Café or Gift Shop, serving patients, staff and visitors.

Patient Care – These VolunTEENS work in patient care departments such as Continuing Care, Mental Dialysis, and Emergency.

Information Desk - These VolunTEENS greet patients, staff and visitors and provide directions to patient rooms and departments.

Process to Volunteer

- Complete and return the application form to the hospital VolunTEEN Coordinator.
- The VolunTEEN Coordinator will contact you with the status of your application, within two weeks of receiving it.
- You will have an interview, to determine a position which best matches your skills, interests and availability.
- Your references will be contacted and a police check completed.
- Successful candidates will attend an orientation.
- You may be required to have a 2-step TB. (Tuberculosis) test and a blood test for communicable diseases, i.e. measles, mumps, rubella and chicken pox.
- All VolunTEENS will receive training with an experienced volunteer.
- Purchase your uniform Cost \$15.00
- You will receive a photo ID badge that must be worn at all times, with your VolunTEEN uniform, while on duty.

When training is complete, and all "process to volunteer" requirements have been met, you will be assigned a permanent shift and officially be volunteering at Ross Memorial Hospital.

If you have any further questions, please call the VolunTEEN Coordinator, Patricia Zahorec at 705-324-6111 Ext. 4386.

VolunTEEN Application

R.M.H. Auxiliary 10 Angeline St N Lindsay, ON K9V 4M8 705-324-6111 ext. 4386

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Name:		Phone#	
Present Address:	FIRST	_ City:	Postal Code:
School & Grade:			
	tations which may aff ties)	fect your Volun	TEEN placement? (i.e. Job or
Experience:			
Work:			
Volunteer Work.			
References:	cluding family membe character, skills and d	ers) who have to	
. Name:	Relationship:		
Phone:	Daytime:	1	Evening:
Name:			··· ···
Phone:	Daytime:	F	Evening:
olunteer Service oppo	rtunities: (please circ	le area (s) of int	terest)
Patient (Care (i.e. Complex Ca	are Program, M	ental Health)
Café	Gift Sho		nformation Desk

In essay style answer the following: (I	Please feel free to use another page)
a) How you heard about our progra	m.
b) Why you are interested in volunt	eer work in a healthcare setting.
c) Explain how your volunteer serv	ice can benefit Ross Memorial Hospital.
Please read the following carefully befor	e signing this application.
Teen Commitment/Agreement	1 27 7 4
-	e volunteer service, and will adhere to the liary, with particular attention to the Hospital
	that information on my application will be
verified by RMH Auxiliary. I authorize	
	understand this is an application for and not a
commitment or promise of volunteer opp	· · · · · · · · · · · · · · · · · · ·
	tion with this application will be cause for my
	volunteer position with RMH Auxiliary or my
termination as a volunteer.	,
Signature: Dat	e:
7	
Parent/Guardian Agreement (complete	e for students under 18 years)
DMU Associates recorned the might to disp	ains your dayschton/oon's somioos oo s
RMH Auxiliary reserves the right to dism	ts of the Auxiliary and her/him. Dismissal could
	liary policies and procedures, inappropriate
* -	absenteeism. If my daughter/son is accepted
	I give my consent for RMH to administer and
	conduct blood tests to confirm immunity for
chicken pox, mumps, red measles and ge	•
F F	
My daughter/son	has my permission to serve as a Ross
Memorial Hospital Auxiliary VolunTEE	Ň.
Parent signature:	Date:
In accompany matter	
in case of emergency, nonry:	
Relationship:	Phone: