

# Volunteer Application Package

Mountain Campus

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## **Volunteer Application Package**

**A.** The Application Package contains forms for information and application to St. Joseph's healthcare's Mountain Campus volunteer program. If you would like to attach a current résumé to provide added information, it would be welcome.

**1. Information Form**

- This form provides a list of volunteer placements. Availability is dependent on your schedule and the vacancies. Flexibility is appreciated.

**2. Application form**

- Please read carefully and complete fully.

**3. Reference letter forms (2)**

- Each of the two forms is to be completed by an adult (at least 18 years of age) who is not a family member. The referees may mail or fax the completed form. (Numbers are listed on the form.)

**4. Immunization form**

- This form is to be completed after a successful interview. It is to be completed by your family doctor.

**5. Volunteer Application Screening**

- Police clearance is required upon completion of a successful interview. Information regarding the screening is available from the staff.

**B. The interview** is an important step towards becoming a volunteer.

- The interview offers the opportunity to meet with the coordinator and discuss your application and your personal goals and leads to determining which placement would be best for you.
- After a successful interview in Volunteer Resources, a second interview may be required by hospital staff prior to placement in that department.

**C. Orientation** will be scheduled after a successful interview. Important policies and procedures will be presented regarding the volunteer role and other topics specific to volunteering at CMHS.

**D. Training** will be scheduled when a placement has been determined. The length of training is dependent on the placement area. It is important that you are competent in your role and comfortable with your duties.

**E. A satisfaction/evaluation** interview will be after the first session and six weeks after you start to ensure that the placement is going well. If required, a reference letter may be requested after six months.

## Volunteer Opportunities at the Mountain Campus

The availability of placements depends on your interests, skills and schedule as well as placement vacancies. Please circle areas and times that are of interest to help you during the interview.

For volunteers interested in having a clinical opportunity: Please be aware that, while we cannot offer hands-on clinical opportunities, we will endeavour to give you as much interaction and exposure to clients and clinical staff as possible. It is important to state any intention in this regard.

**Please indicate the Skills/Interests that you would like to apply to your volunteer placement.**

<b>Social work</b>		<b>Nursing</b>		<b>Gerontology/ Geriatrics</b>		<b>Psychology</b>	
<b>Board games</b>		<b>Recreation</b>		<b>Arts &amp; Crafts</b>		<b>Music</b>	
<b>Computer</b>		<b>Retail</b>		<b>Fundraising</b>		<b>Library</b>	
<b>Walking</b>		<b>Committee</b>		<b>Interactions</b>		<b>Other:</b>	

**Placement Areas:** (Shifts vary, some with flexibility)

**The Gear** is a used clothing store. For a nominal charge, clients can purchase various items of clothing. Volunteers manage all retail aspects of the store including cash and displays.

**Client Leisure Library provides volunteer work experience for inpatients and out patients.** The client library services mobile book/magazine carts and provides video rentals for inpatients. The client library provides a comfortable environment for leisure reading, listening to music and relaxing.

**Gift Shop and Tuck Cart** provide service and funds as volunteers assist clients, staff and visitors in the sale of gifts, coffee and snacks.

**Program Escorts** provide support and encouragement to patients attending programs and activities.

**Community Visitors** help outpatients with the transition back into the community by providing support and encouragement. Their role is often critical in helping outpatients upon discharge from the hospital.

**Program and Recreational Assistants** are volunteers who assist staff in client centered activities.

**Pastoral Visitation/Escorts** are specially trained volunteers who provide guidance to patients who request spiritual support. This may include accompanying clients to pastoral services at various sites.

**In-Hospital Friendly Visitors** provide friendly conversation and social interaction.

**Musical Entertainers** Providing entertainment to clients on different units of the hospital, musicians bring pleasure through their music and often engage clients in sing-alongs.

**Fundraising** efforts are successful through the dedication of volunteers selling tickets and other items to raise funds for client comfort items.

**Committee Members** assist by reviewing requests and allocating funds designated for the Mental Health Program.

**The Museum** is dedicated to preserving the history of the Hamilton Psychiatric Hospital. Museum volunteers manage the historical photographs, artifacts and museum pieces. They set up displays and do educational tours to the general public.

## Volunteer Application Form

Name: **Mr/Mrs/Ms Last:** \_\_\_\_\_

**First:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Apt. #: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Phone:** Home: \_\_\_\_\_

Business: \_\_\_\_\_

Other: \_\_\_\_\_

**Occupation/School+Grade:**

\_\_\_\_\_

**Age:** Must be at least 18 years of age prior to applying

**In care of emergency:**

Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_

What **personal goals** would you like to reach while volunteering at the hospital?

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List any **volunteer experiences**: (including agency, position & duties)

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List **skills, interests, hobbies or training** that may assist you in your volunteer role:

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**Languages:** English: Check (√) correct level of ability

- Very good comprehension/verbal skills       Moderate ability to speak/read English
- Some difficulty understanding       Some difficulty reading/writing

Languages spoken in addition to English:

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**Limitations:**

Do you have any barriers to volunteering that should be considered when choosing a placement? e.g. prolonged standing, pushing a cart, etc.

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*What type of volunteer placement is of interest?*

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**Availability:**

<b>Days:</b>	<b>Mon.</b>	<b>Tues.</b>	<b>Wed.</b>	<b>Thurs.</b>	<b>Fri.</b>	<b>Sat.</b>	<b>Sun.</b>
<b>Times:</b>							

**Volunteer Statement of Responsibility**

I accept the responsibility to abide by the standards and policies of St. Joseph's Healthcare, Hamilton & the Volunteer Resources Department as instructed during the interview, orientation and training and as provided in the Volunteer Handbook. This includes: working safely, ensuring confidentiality, maintaining infection control measures, adhering to the dress code and maintaining a high code of conduct. All volunteers must wear their ID badge, which must be returned upon termination. Attendance is vital to the integrity of the program. Efforts must be taken to attend to your shift and provide assistance as agreed upon in taking the placement.

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Signature

Date

### Volunteer Resources Statement of Responsibility

The Volunteer Resources Department recognizes the potential volunteers have to enhance the well being of clients and visitors. The VR staff will be diligent in efforts to provide appropriate placements for volunteers as well as training to be competent, effective and efficient in their roles. Evaluations of the programs, services and volunteers will be conducted regularly to ensure satisfaction. Recognition of the time and efforts of volunteers will be done informally and formally throughout the year.

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Signature

Date

For further information, please call Volunteer Resources staff at (905) 522.1155 ext. 35561  
Thank you.

Send form to:

[rsalverd@stjosham.on.ca](mailto:rsalverd@stjosham.on.ca)

Rinske Salverda, Coordinator  
Volunteer Resources  
St. Joseph's Healthcare Hamilton  
Mountain Campus  
100 West 5<sup>th</sup>, Box 585  
Hamilton, ON L8N 3K7  
Tel. 905-522-1155 ext 35561  
Fax: 905-381-5634

### Volunteer Reference Letter

Volunteer's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name First Name

Referee: \_\_\_\_\_ Position: \_\_\_\_\_  
Name Employment

\_\_\_\_\_  
Address City Postal Code

Relationship to Volunteer: \_\_\_\_\_ Years Known: \_\_\_\_\_

Underline level of relationship: personal, business,  
well known, moderately known, somewhat known.

Please give comments regarding the candidate's acceptability to volunteer in the hospital. Include information regarding personality, dependability, interpersonal communications skills, and any other pertinent information.

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Signature of Referee: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

The Volunteer requesting completion of this reference letter by signature is giving permission to give the information as requested above to be used as part of the application process to become a volunteer at St. Joseph's Healthcare, Hamilton. The referee must be over 18 years of age and not a family member.

\_\_\_\_\_  
Volunteer's Signature Date

It is preferable that the referee mails or faxes the completed form.  
Mail to: Volunteer Resources, 100 West 5<sup>th</sup>, Box 585, Hamilton, ON, L8N 3K7  
Fax: Attn: Volunteer Resources, (905) 381-5634