

**Student Volunteer Service Application
West Lincoln Memorial Hospital
Grimsby, Ontario**



**Return completed form to Auxiliary Office WLMH
or email to studentvolunteers51@gmail.com**

The completed form should include

- (1) all pages in this application
- (2) a copy of the latest report card from school
- (3) a copy of your documentation of immunization records

Name: _____

Address: _____ Town _____

E-mail _____

Phone Number:(home) _____ (cell) _____

Date of Birth : _____

School _____ Current Grade _____

Volunteer and/ or Work Experience (use a separate sheet if need more space)

Date	Location	Description of Work

Interests, Skills, Hobbies: _____

Clubs(school/community/sports,etc.): _____

Type of volunteer work preferred
Circle your choices

Coffee Shop
Front Lobby

B Ward
Fundraising Events

C Ward

References (2 Required – not family members)

Name: _____	Name: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____
Email: _____	Email: _____
Relationship to applicant: _____	Relationship to applicant: _____
Contact by phone ___ or email _____	Contact by phone ___ or email _____

Immunization Record - Auxiliary Staff

The hospital must have **documented proof of immunization** for all persons carrying on activities in the hospital. Please complete the following:

Name: _____

<u>Immunization History</u>	<u>Date Received</u>
Tetanus/Diphtheria	_____
Measles/Mumps/Rubella (only applies to individuals born after 1956)	_____
Have you had Chickenpox? Yes ___ No ___ Unknown _____	
Have you had shingles? Yes ___ No ___ Unknown _____	

The following is not mandatory but advisable:

Influenza (Flu Shot)	Yes ___	No ___
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Date

Signature

Parent and Student Commitment Form

This is a responsible position that requires

- a time commitment of at least 40 hours over the next year.
- 1 or 2 hours/week of volunteer time. School Community Hour Time Sheets require the coordinator's signature.
- parents to commit to their youth arriving for their scheduled times and acting according to the hospital policies.

Only three absents without permission of the coordinator will be tolerated before students may be dismissed. We hope that you understand the need for a joint commitment of the student, parent and volunteer program in order to make this a successful experience for everyone involved.

PARENT I understand my commitment

_____ Date _____

STUDENT I understand my commitment

_____ Date _____

Parental Consent Form

I am the Parent/ guardian of _____ who has made application to become a student volunteer at West Lincoln Memorial Hospital, Grimsby. I hereby give my consent and understand that this undertaking requires a high standard of reliability, which can only be achieved by my child if he/she has the complete co-operation of the parent/ guardian. It is my understanding that West Lincoln Memorial Hospital's Liability Insurance covers volunteer workers, but does not provide accident coverage for volunteers.

Parent/ Guardian Signature _____

Signature of Applicant _____

**West Lincoln Memorial Hospital
Grimsby, Ontario**

Student Volunteer Rules of Conduct

Student volunteers will strive to conduct themselves at all times in hospital in a responsible and respectful manner, appropriate to the tradition and valued role of a West Lincoln Memorial Hospital volunteer.

Golden Rules

- Be courteous and respectful to patients, peers, staff, volunteers and the public.
- Keep confidentiality.
- Arrive on time and do your jobs to the best of your ability.
- Respect hospital policies, procedures and property.
- Notify your volunteer Co-ordinator whenever you will be absent with 24 hours notice, if possible.

The following behaviours are not permitted:

- No visitors or leaving the hospital while on duty.
- No horseplay in the hospital.
- No running in the halls or excessive noise.
- No foul language.
- No smoking, alcohol, or drug use.

WLMH Code of Conduct

The R.I.T.E Pledge

RESPECT – Act in a way that demonstrates courtesy and honours dignity.

INTEGRITY – Demonstrate truthfulness and honesty in all of my actions.

TRUST – Act in good faith and confidence to support an environment of safety and reliability.

EMPOWERMENT – Value and encourage the contributions of others

I agree to abide by these rules of conduct:

Student Name _____ Signature _____ Date _____

I have reviewed the Student Volunteer Rules of Conduct:

Parent or Guardian Signature _____ Date _____



WEST LINCOLN MEMORIAL HOSPITAL

CONFIDENTIALITY AGREEMENT

All employees/physicians/volunteers/students/observers and staff from external agencies who have access to confidential information, as defined in the Policy Statement, are required to sign the Confidentiality Agreement. This Agreement acknowledges that any violation of the confidentiality policy will be grounds for disciplinary action, up to and including dismissal.

I understand and agree that in the performance of my duties as: _____,

I must hold all information in confidence and I will not disclose confidential information to any person other than those whose direction and control I am under. I understand that misuse, failure to safeguard, or the disclosure of confidential information without appropriate approvals may be cause for disciplinary action up to and including termination of employment/contract/services or loss of privileges or affiliation with West Lincoln Memorial Hospital, reporting to an individual's professional College, and/or civil action/criminal prosecution, and/or fines levied by the Ontario Privacy Commissioner.

I commit to hold in confidence all information about patients, residents, clients, and their families, staff and affiliates, as well as the confidential business information of the organization, which comes to my attention while carrying out my duties as agreed within the organization. I commit to continue to respect and maintain the confidentiality of patients, residents, clients and their families, and staff and affiliates of the organization, as well as the confidential business information of the organization even after my employment/affiliation with the organization ends.

This statement confirms that I have read and understand the Confidentiality Agreement for West Lincoln Memorial Hospital, and I understand the implications of a breach of confidentiality.

Print Name (first & last)

Signature

Date

Witness