West Lincoln Memorial Auxiliary

Volunteer Application Cover Sheet

Home Phone: ______________________ **Cell Phone:** ______________________

Name: ____

Address: ________________________________ **City:** _________________________

Postal Code: _______________________

Email: ____

Date of 1st Interview ___________, **20** ____ **Interviewed by:** __________________

Date of 2nd Interview __________, **20** ____ **Interviewed by:** __________________

Confidentiality Signed: **Y / N** **Vest/Membership Paid:** **Y / N**

Immunization Submitted: **Y / N** **Proof of COVID-19 Vax:** **Y / N**

Photo ID Taken: **Y / N** **Police Record Check:** **Y / N**

Parking Permit: **Y / N** **Terms of Engagement:** **Y / N**

COMMENTS: (e.g. volunteer interests, duties, service)

____

____

____

____

____

West Lincoln Memorial Auxiliary

Volunteer Application

Name: ______________________________________ Date: _____________ 20 _______

Address: ____________________________________ Phone (home): ________________

City: ____ Phone (cell): __________________

Email: _______________________________________ Postal Code: __________________

In case of emergency, notify the following persons:

Name 1:	Name 2:
Phone	Phone
Relationship	Relationship
Address	Address
City	City

Languages spoken (other than English): ____

Hobbies & work experience: ____

____

I am available to work (check all that apply):

Days: Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

Time of day: Mornings _____ Afternoons _____ Evenings _____

I am interested in working in the following Auxiliary service areas:

Coffee Shop _____ Gift Shop _____ Clinics _____ Transport Assistant _____
Lottery Tickets _____ Front Lobby _____ Mail _____
Physio Escort _____ Wards _____ Therapeutic Rec_____

References:

Name 1:	**Phone:**
Name 2:	**Phone:**

Note: Police screening requirements will be discussed at interview stage.

Code of Conduct: I have read the ***Hamilton Health Sciences Values-Based Code of Conduct "RESPECT"***; and as a volunteer, it is my responsibility to abide by the HHS Member Accountabilities outlined therein.

______________________________ ______________________________

Signature Date Witness

IMMUNIZATION RECORD

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

NAME: ____

Tetanus/diphtheria: _____________________
(If more than 10 years, please have it done at your family doctor's office)

Measles/Mumps/Rubella: ______________________
(Only applies to individuals born after 1956)

Tuberculin skin tests *(only required if you have 10 hours or more patient contact per week)*:

RESULTS 1: ________________ RESULTS 2: ________________

Two step skin test:
An initial tuberculin skin test (Mantoux, 5TU PPD) is given. If the test result is 0-9mm of induration, a second test is given in the opposite arm at least one week and no more than three weeks after the first. The results of the second test should be used as the baseline test in determining treatment and follow up of these persons. A skin test result of 10mm or more of induration is considered to be significant.

Have you had Chickenpox? Yes _____ No _____ Unknown _____

Have you had Shingles? Yes _____ No _____ Unknown _____

Have you had the:

Hepatitis B vaccine? Yes _____ No _____

Influenza vaccine? Yes _____ No _____
(Strongly recommended for all persons carrying on activities in the hospital)

COVID-19 vaccine? Yes _____ No _____
(Required for all persons carrying on activities in the hospital. Please attach a copy of your most recent COVID-19 vaccination receipt containing the QR code.)

Date ____________________ Signature ______________________________________

WEST LINCOLN MEMORIAL HOSPITAL

CONFIDENTIALITY PLEDGE

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:

A Volunteer Member of West Lincoln Memorial Auxiliary

____, 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

The HHS Values-Based Code of Conduct "R E S P E C T"

	DESCRIPTION
Responsibility	Accountable for own actions and outcomes.
Etiquette	Demonstrate civility by being polite and considerate.
Support	Foster an environment that recognizes the various needs of individuals.
Professionalism	Adhere to HHS values and policies, and professional and regulatory standards and practices.
Education	Continuously develop and demonstrate behaviour that fosters a positive working and teaching environment.
Communication	Use clear and concise language, and appropriate methods for giving direction and providing constructive feedback; remember your body language and tone.
Teamwork	Treat all individuals as valuable members of the team.

(This page is an excerpt from the HHS Values-Based Code of Conduct, February 2018).