



STANTON TERRITORIAL HEALTH AUTHORITY

VOLUNTEER ENROLLMENT FORM

Personal Information

Name: _____

Address: _____

Phone: Evening: _____
Daytime: _____

E-mail: _____
Fax: _____

What is the best way to contact you?

Age Group: 16-18 19-25 26-35 36-45 46-60 60+

Birthday: _____ (year of birth is not required unless under 18)

Do you have any health issues that must be considered in assigning a volunteer position? Yes No

If yes, please explain: _____

Please submit attached form and an updated copy of your immunization record acquired through Public Health 920-6570.

In case of emergency, notify: _____

Phone: Evening: _____

Daytime: _____

Desired Volunteer Schedule (circle all that apply)

How long do you hope to volunteer at the hospital?

1 to 3 months 3 to 6 months 6-12 months Over 1 year

Days of week available: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Time of day available: Morning Afternoon Evening

Any comments/concerns regarding scheduling? _____

Do you want your volunteer involvement to be part of the Community Service programs in your High School?

Yes No

Name of school: _____

Experience/Interests

Have you volunteered at a hospital before? Yes No

If yes, describe your previous hospital volunteering experience: _____

List any skills/interests/characteristics that you have that you feel would enrich your volunteering experience:

Do you speak or understand any languages, other than English? Yes No

If yes, which languages? _____

References
The Stanton Territorial Hospital screens each potential volunteer, for your own safety and the safety of clients and staff. Please provide two references in the space below and a Criminal Record Check (available from the RCMP office 669-5100 free of charge).
Reference #1: Name: _____ Relation to applicant: _____ Phone: Home: _____ Work: _____ E-mail (Preferable): _____
Reference #2: Name: _____ Relation to applicant: _____ Phone: Home: _____ Work: _____ E-mail (Preferable): _____

Where did you learn about our Volunteer Service Program: _____

PLEDGE OF CONFIDENTIALITY / PRIVACY

As a Stanton Territorial Health Authority Volunteer, I understand and agree that I shall not, except to the extent required by law or by an order of a court of competent jurisdiction, disclose any information, in any manner about any patient/client/resident, employee or volunteer. As a Stanton Territorial Health Authority Volunteer I will keep all information I may learn of in the course of being a volunteer in strict confidence.

Signature

Date

Witness

Date

Thank you for your interest in the Stanton Territorial Health Authority Volunteer Services Program.

Please contact Carey Fowler, Recreation Therapist/Volunteer Services Coordinator to obtain a volunteer verification letter to submit to the RCMP in order to receive your criminal records check.

Please return this form, your immunization record (please contact Public Health: 920-6570 for information) and RCMP Criminal Record Check to:

Carey Fowler, Recreation Therapist/Volunteer Services, P.O. Box 10, Yellowknife, NT X1A 2N1
Phone: (867) 445-8739 Fax: (867) 669-4393 E-mail: carey_fowler@gov.nt.ca

STANTON TERRITORIAL HEALTH AUTHORITY

Your Immunization update and TB Assessment must be completed before volunteering at Stanton Territorial Hospital pursuant to the NWT *Hospital and Healthcare Facilities Standards Regulations*.

Please go to the Yellowknife Public Health Unit (920-6570) to have your immunizations updated according to Hospital policy.

Once your immunizations have been updated please have the Public Health Nurse complete and sign this form. Return this form with a copy of your immunization record to Carey Fowler, Volunteer Coordinator (445-8739) with your Volunteer Enrollment Form and Criminal Records Check.

Date of Vaccine:	Vaccine	Indication
	Tetanus/Diphtheria	All adults every 10 years
	Influenza	All hospital volunteers
	Pneumococcal	Adults older than 65 years; conditions with increased risk of pneumococcal disease
	MMR	All adults born after 1970 with no disease history
	Hepatitis B	Volunteers at risk for blood/body fluid injuries
	Hepatitis B Surface Antibodies	As follow up to Hepatitis B series to establish immunity one-month post series.
	Mantoux	Yearly for volunteers exposed to TB as part of their regular volunteer time and every three years for others
	Chest X-Ray	Every three years for positive Mantoux volunteers

Attending Nurse: Please sign and date this form and return it to the patient.

Volunteer Name: _____ Date of Birth: _____

Nurse Signature: _____ Date: _____

Volunteer Phone number: _____