



Step Up

Youth Volunteer Program

NANAIMO

Step Up and **C·A·R·E**
Courage Aspire Respect Empathy

Step Up and Learn

Step Up and Lead

Applicants - Submit Completed Application Package By

June 30th Deadline To: NRGHVolunteerIntake@VIHA.CA

(Mail or Fax options – see over)

<u>Office Use Only:</u>
Reference Check (2):
Parent Permission:
CRC Results Received:
Interview Date:
Photo ID:
Online Training:
Uniform:
Parking Pass:
Advisor:
Notes:



Volunteer Resources

Island Health Site:

Dear Island Health Volunteer Applicant, thank you for your interest in volunteering with Island Health. Volunteering in health care is a privilege and a serious commitment. Please indicate your response to each of the requirements below.

Please send completed document to NRGHVolunteerIntake@viha.ca

Your Name:	Your email address:
<p style="color: red; margin: 0;">Please click on the box next to your chosen response (or place a check mark if the document is printed).</p> <p style="color: red; margin: 0;">n/a = not applicable</p>	
Are you willing to commit at least 60 hours (approximately 6 months) of volunteering? Typical assignments: 1 shift per week (shift length anywhere from 1.5 – 4 hours, depending on assignment); there are some exceptions.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Our initial intake process can take 4-6 weeks and includes setting up an interview. Some sites do periodic intake which may extend this time frame. Will this pose a problem for you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Online learning is required for all Island Health volunteers. <ul style="list-style-type: none"> • Applicants for <u>Acute Care Hospital or Community / Inpatient Mental Health & Substance Use settings</u>: 8 hours of online learning is required. Are you willing to make this commitment? 	Yes No n/a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> • Applicants for <u>Residential settings (long term care) or Community Health Units</u>: 2 hours of online learning and 1 hour of additional reading is required. Are you willing to make this commitment? 	Yes No n/a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> • Do you agree to update relevant training/certificates annually? (approx. 1 hour) 	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to attend additional site and assignment training?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have questions regarding our requirement for a Ministry of Justice Criminal Record Check, including Vulnerable Sector Verification (both Children and Vulnerable Adults)? Note: this screening is completed through our department and does not need to be in place prior to interview.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have spoken English (ESL Level 6 preferred)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you understand that our Hand Hygiene policy means we do not permit: nail polish, long nails, artificial nails, extensions, nail jewelry, or hand/wrist jewelry (plain wedding band & medical alert bracelets exempt)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you understand that an email account is required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you agree to comply with the BC Influenza policy: either have an annual flu vaccine or wear a mask during flu season (typically December to March) each year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Youth Volunteers: Parent / Guardian consent is required if under 19 years of age. Will this pose a problem for you?	Yes No n/a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

These requirements support excellent care and provide you with a good foundation for volunteering in health care. We appreciate you taking the time to consider whether volunteering with Island Health is the right choice for you.

Site Address: 1200 Dufferin Cres. Nanaimo

Volunteer Resources: Trusted. Included. Valued.



VOLUNTEER RESOURCES NANAIMO REGIONAL GENERAL HOSPITAL

High School Students Applicants Aged 14 to 18 Only:

TO BE COMPLETED BY PARENT/GUARDIAN

NAME OF APPLICANT: _____

NAME OF SCHOOL: _____ GRADE: _____

I am aware that the above student would like to participate in the Step Up Youth Volunteer Program for the Nanaimo Regional General Hospital and Dufferin Place Long Term Care Facility in Nanaimo.

- I understand that the Volunteer Resources Department *requires my child/ward to complete a minimum of 60 hours of volunteer service*, prior to asking for a reference.
- If my child/ward is signing up for the Step Up program, they will be enrolled in the program from September through to April in the school year.***
- I will ensure all Hospital Items will be returned upon completion of the Volunteer Placement, such as: Photo ID, and parking permit (if issued).
- I give permission for Volunteer Resources to provide references or certificates relating to my child's/ward's volunteer experience to schools, education institutes, and employers who recognize and value volunteerism.
- I give permission for the Island Health to take photographs and to store registration or personal information electronically of my child/ward. I understand that:
 - Information collected at the time of registration will be stored electronically and used for management functions by the Volunteer Resources.
 - All Island Health volunteers are required to have official Island Health Photo Identification.
- I give permission for pictures to be taken of my daughter/son from time to time for publicity and display purposes: (Please check the following boxes)

Displays <input type="checkbox"/>	Island Health publications* <input type="checkbox"/>
Videos <input type="checkbox"/>	Brochures <input type="checkbox"/>
Volunteer Resources Website <input type="checkbox"/>	Newspaper <input type="checkbox"/>
- I have read this application package.
- I give my approval and support for the above student's participation. I will support them in attending regularly and encourage them to perform their volunteer services according to the guidelines provides during their orientation

*Island Health publications includes Island Health's social media accounts.

SIGNATURE OF PARENT OR GUARDIAN: _____

PRINTED NAME OF PARENT/GUARDIAN: _____



CONSENT TO A CRIMINAL RECORD CHECK FOR VOLUNTEERS

(WORKING WITH CHILDREN AND/OR VULNERABLE ADULTS)

IMPORTANT: Please read information and instructions on Page 2. To avoid processing delays, ensure all relevant fields are complete and the form is dated and signed.

WORKS WITH (choose one): children vulnerable adults children and vulnerable adults

Please verify with your volunteer organization which "works with" category applies to you.

PART 1: APPLICANT INFORMATION

Legal Surname / Last name:		Legal Given / First Name:		Legal Middle Name:	
Date of Birth: _____ YYYY MM DD		Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Birthplace: _____	
Additional Names (Alias, Maiden Name, etc.):					
Surname / Last Name:		Given / First Name:		Middle Name:	
Residential Address:		City:	Province:	Country:	Postal Code:
Mailing Address (If Different from above):		City:	Province:	Country:	Postal Code:
Contact Area Code & Phone No.			Driver's Licence #:		

PART 2: VOLUNTEER ORGANIZATION INFORMATION

To be completed by an authorized organization representative

SECTION A Complete this section if you have been provided an ID number by the Criminal Records Review Program (CRRP).

Volunteer Organization Name: _____

Organization Contact Person Name and Title (the person to receive the result of the criminal record check):

ID Number (Provided by the CRRP): _____

SECTION B If you are unable to provide an ID Number please complete ALL of Section B.

Volunteer Organization Name: _____

Organization Contact Name or Title (The person receiving the result of the check):

Mailing Address:	City:	Province:	Country:	Postal Code:
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Office Area Code & Phone No:	Organization E-Mail Address:
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SECTION C

Volunteer's position/Job Title with volunteer organization: _____

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS:

I have read and understand the consent for release of information and acknowledgments on Page 2.

I hereby consent to these terms as indicated by my signature below:

_____	_____
Applicant Signature	Date Signed YYYY / MM / DD

CONSENT TO A CRIMINAL RECORD CHECK -- VOLUNTEERS

CHECKLIST FOR APPLICANT

To get started: My organization has either directed me to complete the paper consent to a criminal record check form and fax or mail to the Criminal Records Review Program or my organization is registered with the CRRP and enrolled for the online service and has provided me with their unique link to go online and complete the consent to criminal record check electronically.

- I have completed the form truthfully, clearly and legibly and signed and dated.
- I have read and understand the Consent for Release of Information and Acknowledgements and information regarding the Freedom of Information and Protection of Privacy Act (FOIPPA)
- My volunteer organization has verified my ID in person to confirm my identity and information on the consent form is accurate.
- My volunteer organization will retain the original form and will forward a copy to the Criminal Records Review Program.

CHECKLIST FOR ORGANIZATION

- The volunteer / applicant will provide you with the original, completed and signed consent form.
- Retain the original form(s).
- Forward a copy of the form to the Criminal Records Review Program by mail, fax or email:
MAIL: Criminal Records Review, Ministry of Justice, PO Box 9217 Stn Prov Govt, Victoria BC V8W 9J1
FAX: 250-953-0408
EMAIL: criminalrecords@gov.bc.ca
- Verify the ID of each volunteer / applicant in person to confirm their identity and to ensure the information matches what was provided on the consent form. NOTE: Please use a Canadian Driver's Licence if the applicant has one.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

Pursuant to the B.C. Criminal Records Review Act

- I hereby consent to a check for records of criminal charges and convictions to determine whether I have a conviction or outstanding charge for any relevant or specified offence(s) under the Criminal Records Review Act;
- I hereby consent to a check of all available law enforcement systems, including any local police records.
- I hereby consent to a vulnerable sector search to check if I have been convicted of and been granted a pardon for any sexual offences of the Criminal Records Act.
- I understand a criminal record check under the criminal records review act is required at least once every five years. Go to the RCMP website for additional details on vulnerable sector checks:
<http://www.rcmp-grc.gc.ca/en/faqs-about-vulnerable-sector-checks>
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court, corrections, and crown counsel relating to an outstanding charge or conviction of any relevant or specified offence(s) as defined under the Criminal Records Review Act or any police investigations deemed relevant by the Registrar.
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant or specified offence(s) may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant or specified offence(s) and the matter has been referred to the Deputy Registrar;
- The Deputy Registrar will determine whether or not I present a risk of physical or sexual abuse to children and / or physical, sexual or financial abuse to vulnerable adults as applicable.
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant or specified offence(s) for which I have received a pardon.
- If I am charged with or convicted of a relevant or specified offence(s) at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal Record Check form.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA): The information requested on this form is collected under the authority of the *Criminal Records Review Act* section 4(1) and section 26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). The information provided will be used to fulfil the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA. If you have questions about the collection of your personal information, please contact the Policy Analyst, Criminal Records Review Program, PO Box 9217 Stn Prov Govt, Victoria, BC V8W 9J1 or by phone at 1-855-587-0185.