



FORT ST JOHN HOSPITAL AUXILIARY

8407 - 112 Avenue, Fort St. John, BC V1J 0J5

MEMBERSHIP APPLICATION

Name: _____

Address: _____

Date of Birth (required for Criminal Record Check): _____

E-mail: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency contact: _____

Name

Relationship

Phone Number

References: Please provide two reference other than an immediate family member (parent or sibling) who has known the applicant for more than 6-months:

Name

Phone Number

E-mail Address

Name

Phone Number

E-mail Address

Note:

- **A Criminal Record Check online process will be required for each member working in the Hospital and Peace Villa facilities.**
- **An Auxiliary Membership Fee of \$20.00 is to be paid upon joining and then annually at the Annual General Meeting held in February of each year.**

GENERAL INTERESTS (see attachment for more information):

Hospital Gift Shop Purchasing/Vending Social Media/Communications

Board Member/Administration Outpatient Greeting Gardening

Community Volunteer Experience: _____

Special Skills, Interests, Hobbies: _____

Please note: The Auxiliary prefers applicants to be 19+, however, Northern Health also accepts volunteer applications for both youth and adults. Their volunteer opportunities are separate from the Auxiliary and include helping in both the hospital and Peace Villa. Northern Health's Volunteer applications can be found at: [Volunteering at Northern Health | Northern Health](#)

HEALTH INFORMATION:

Health care workers, including volunteers, are at higher risk of being exposed to, or the source of, communicable disease.

Immunization protects Health care workers, their coworkers, and their patients.

- Volunteers are required to follow Northern Health Authority Influenza Prevention Policy
- Volunteers are recommended to be immunized for measles, mumps, rubella, chickenpox, and hepatitis B (routine childhood immunizations)

IMMUNIZATIONS POLICY:

All healthcare volunteers are recommended to have the following vaccinations (proof is not required):

- Tetanus and Diphtheria (Td) Vaccine every 10 years.
- Measles, Mumps, Rubella (MMR) Vaccine. For all individuals born after January 1, 1970, two doses of a measles-containing vaccine (given as MMR in Canada) are recommended. Individuals born before 1970 are generally assumed to have acquired immunity to measles from natural infection.
- Varicella (chickenpox) vaccine. Those with a history of chicken pox disease before 2004 are presumed to be immune and do not need vaccination. Shingles vaccinations do not give protection against the chickenpox virus and cannot be substituted for the varicella vaccine.
- Pertussis-containing vaccine is recommended for volunteers working with young children/infants/pregnant women. This vaccine is included in a combined tetanus- diphtheria- pertussis vaccine (Tdap) for adults and older children.

FLU POLICY:

All volunteers must follow Northern Health's Immunization policy. They are required to receive an annual flu vaccination or wear a mask during flu season – approx.

December 1 to March 31. Volunteers may access their flu shot during onsite clinics or through their preferred healthcare provider. Please provide proof of annual flu shot to your volunteer supervisor.

TUBERCULOSIS SCREENING:

To prevent the spread of Tuberculosis (TB), please read through the TB symptoms below. If you answer YES to any of the symptoms, please pause your application and make an appointment with your family doctor to rule out a communicable condition. If a TB skin test is required, you will need to contact a Public Health Unit. Inform the unit that you are planning to volunteer at a Northern Health Authority

site. Confirmation of a negative result to any TB screening must be demonstrated to Volunteer Resources before you may begin volunteering.

Please email volunteers@northernhealth.ca if you have questions.

Have you experienced any of the following symptoms for longer than one month?

- | | | | |
|-------------------------|--------------------------|------------------------|--------------------------|
| Persistent Cough | <input type="checkbox"/> | Coughing Blood | <input type="checkbox"/> |
| Excessive Fatigue | <input type="checkbox"/> | Excessive Night Sweats | <input type="checkbox"/> |
| Unexplained Weight Loss | <input type="checkbox"/> | Persistent Fever | <input type="checkbox"/> |

Have you ever had an active case of TB?

- YES NO

If your answer to all above questions is No, or if you have seen your doctor and confirmed you do not have active TB, please check this box, and continue your application.

TRAVEL:

If, after returning from foreign travel, you experience any of the above listed symptoms associated with TB, please notify your volunteer supervisor and suspend volunteer activity until you have been cleared for TB using the above process.

ADDITIONAL INFORMATION:

Do you have any illnesses or conditions that could be transmitted to other personnel or patients during your volunteer duties?

- YES NO

If yes, please describe:

STATEMENT OF UNDERSTANDING:

Your signature at the end of this **IMMUNIZATION AND TUBERCULOSIS SCREENING** form indicates that you have read, understood and agree to the above requirements and recommendations for healthcare volunteers.

I, agree to the above requirements and recommendations to serve as a Northern Health volunteer. If my health status changes during my time volunteering, I will refrain from volunteering, alert volunteer resources, and follow the screening steps above to ensure I am a suitable volunteer candidate.

Signature: _____ Date: _____

PHOTO CONCENT:

I _____ consent to having occasional photographs taken to promote and record activities of the Fort St. John Hospital Auxiliary associated with the Fort St. John Hospital and Peace Villa Facility. YES NO

Signature: _____ Date: _____

VOLUNTEER CONCENT:

Please read the following carefully before signing this application,

“I _____ (print your name) confirm the information contained within this volunteer application is complete and true. I understand and agree that any omission or misrepresentation with respect to the information given may be cause for refusal or removal from volunteer placement. I understand a Ministry of Justice Criminal Record Check may be required for some positions. I authorize Northern Health Authority to contact the references listed and give permission for these references to release relevant information requested.

I understand and give Northern Health Authority (NHA) permission to keep a record of my confidential personal information. I understand that personal information on this form is collected, used, and disclosed by NHA in accordance with the Freedom of Information and Protection of Privacy Act of BC (FIPPA). I understand that NHA may engage service providers to host and manage this service on behalf of NHA. In such situations, NHA will take all reasonable steps to ensure my personal information is treated confidentially, is only used for the purposes described, and is stored securely. I understand this information may be disclosed to any party with legal and proper interest and release the agency from any liability whatsoever for supplying such information. When NHA sends emails through service providers, some may use third party services based in the United States (US). This means that my name and email address would be temporarily stored in the US for approximately 30 days. During this time, the information is subject to US laws and regulations.”

If I have any questions about the collection, use and disclosure of my information, I can contact the Northern Health Authority Information Privacy Office by email at privacy@northernhealth.ca .

All volunteers must adhere to Northern Health Authority policies, including Confidentiality and Privacy and Immunization requirements.

Signature: _____ **Date:** _____

Return completed form by dropping it of at the Fort St John Hospital Auxiliary Gift Shop or email it to fortstjohnhospitalauxiliary@gmail.com Please note: *Incomplete applications will not be considered.*

Official Use:
NH Volunteer Resources Onboarding Date: _____ Auxiliary Membership Enrolment Date: _____
Membership Resignation Date: _____ Exit Evaluation Date: _____
Reason for Resignation: _____

Description of current positions/activities

1. **Gift shop volunteer** – 5.5-hour shifts during the weekdays. We are open 10 am to 3 pm and you would need to be able to open up the store, provide excellent customer service, operate a cash register and interact machine, restock supplies, and balance the register at the end of your shift. You must also be able to commit to the entire 5.5 hours of your shift. You can work as few as a couple of shifts per month.
2. **Comfort Cart volunteer** - Every third weekend of the month, we provide free cookies and water to the public and patients in the emergency department. Volunteers sign up for shifts, which are at 10 am, 1 pm, 4 pm and 7 pm on the Saturday and Sunday. A cart is loaded with the cookies and water, then wheeled through the waiting area and back emergency rooms. We find that this small act of kindness can provide some comfort to those in an otherwise stressful situation.
We have also provided this service on an ad hoc basis when we are just passing through and find the emergency department extremely busy.
3. **Vending Machine volunteer** – Volunteers will restock vending machines, and ensure that they are in good working order. Oftentimes we are called out to clear a coin jam, or fix some other problem with the machine. You would be on a list of volunteers able to fix the machine, so that it is not always the same person being called out or needing to be available. We like to have problems fixed ASAP since these machines are a great source of revenue for us.
4. **Memorial Rose Garden Volunteer** – The Auxiliary has a memorial rose garden which can be seen out the back of the cafeteria window. We offer memorial bricks for purchase where you can have your loved one's name etched into the stone and placed around the perimeter. Volunteers tend this garden by planting, weeding, and watering to ensure it looks beautiful year after year.
5. **Wayfinder Program** – We are currently investigating the startup of a Wayfinder program which has a volunteer welcome people into the facilities. They answer questions and help them find the departments they are looking for.

If none of these options interest you, **please still consider volunteering**. Northern Health has volunteer positions for youth and adults and would be extremely happy for the help. In particular, help with eldercare in Peace Villa is really needed. It may just be helping feed someone through meal time so that they are not rushed, and get the proper nutrition needed. Even sharing stories and visiting can greatly improve their quality of life!
Applications for Northern Health may be found online at:

www.northernhealth.ca/about-us/get-involved/volunteering-northern-health