



Core Volunteer Application

Processing your Volunteer Application

Thank you for your interest in volunteering with IWK Health!

We can only consider completed application packages that include all the documents listed below:

- ☐ A completed volunteer application form
- ☐ Two (2) completed reference forms (preferably professional or character who have known you for at least 6 months; no family)
- ☐ A current resume/CV

Applications should be submitted as **one complete package** via mail to:

IWK Volunteer Resources
5850/5980 University Avenue
P.O. Box 9700, Halifax, NS B3K 6R8

Alternatively, completed application package can be emailed to: randi.turner@iwk.nshealth.ca

Incomplete Application Packages: if we receive an incomplete application package, it will be held in Volunteer Resources for three months. After that time, if it has not been completed, potential applicants must reapply through the above process.

The following documents will be required **after** your volunteer interview (but prior to volunteering):

- ☐ Criminal Records Check (and Vulnerable Sector Search depending on placement). Please note that this type of search does expire so there is no need to complete prior to your interview.
- ☐ A Child Abuse Registry Search. Please note that this type of search does expire so there is no need to complete prior to your interview.
- ☐ Proof of 2 doses of the MMR (Mumps, Measles, Rubella) vaccine & Varicella, or proof of immunity via blood test.
- ☐ Completion of the privacy/confidentiality agreement.
- ☐ Completion of the online Volunteer Resources Orientation.

*Volunteers for our CORE program must be 18+ and out of high school. If you are between the ages for 16-18, please contact the office for details on our Summer Volunteer Program.

Should you have any questions, please contact Volunteer Resources at 902-470-6692 or visit <http://www.iwk.nshealth.ca/page/volunteering-how-get-involved> for more information.

Thank you again for your interest in volunteering with IWK Health.



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5850/5980 University Avenue
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OFFICE USE ONLY

Interview date:

Assignment:

First Name:

Last Name:

Middle Name:

Home Phone:

Cell Phone:

Business Phone:

Email:

(IWK Volunteer Resources uses email as our primary means of communicating with volunteers. Please fill out your most frequently used email address.)

Address (include street, apt/unit, city, postal code):

Occupation: ☐ Employed ☐ Retired ☐ Student ☐ Other (please specify)

Languages written/spoken:

Gender:

Pronouns:

Have you volunteered with the IWK before? YES ☐ NO ☐

Are you over 18? YES ☐ NO ☐

*volunteers must be over 18 for our CORE program

Why are you interested in becoming a volunteer with the IWK?

How do you think you can best support the patients, families and staff at the IWK?

Are you interested in a career in health care? If yes, which field?

Areas of Volunteer Interest (please check):

☐ Children's Health ☐ Clerical Support ☐ Emergency ☐ Information Desk ☐ Garden ☐ Mental Health

☐ Reminder Calls ☐ Teen's Health ☐ Women's Health ☐ Other (please specify)

Please indicate your availability below:

AVAILABILITY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings (e.g. 8-12)							
Afternoons (e.g. 12-5)							
Evenings (e.g. 5-11)							

NOTE: Evening and weekend shifts are very limited.

References: please provide two (2) references that have known you for at least six (6) months (preferably professional or character; no family):

Name:	Relationship:	Email:	Phone Number:
Name:	Relationship:	Email:	Phone Number:

I hereby authorize IWK Health to obtain references from the referees listed above in connection with my application for a volunteer position. I hereby authorize the individuals named to provide a reference for me. I further authorize IWK Health to maintain this information for their records.

☐ I agree

Emergency Contact		
Name:	Phone Number:	Relationship:

☐ I hereby grant permission to share my emergency contact information with my future placement supervisor.

Volunteer Agreement Checklist

- * I have carefully considered my schedule and know that I can commit to volunteer for the times I have indicated above on a regular and consistent basis for a minimum of 6 months (consecutively).
- * I know that some patients I might see at the IWK may be very sick. I feel that I am comfortable being around them, even though they may be experiencing discomfort.
- * I am able to establish personal and professional boundaries (e.g. refraining from offering personal advice or personal experiences to patients).
- * I will treat volunteer commitments with the same respect that I do school/work responsibilities, committing to a regular day and time.
- * I understand that I may not be contacted for an interview and that participating in an interview does not guarantee acceptance into the volunteer program.
- * I understand that accepted candidates will be required to comply with the application requirements (e.g. criminal record check and vaccine history) and that it is the applicants' responsibility to follow through with these requirements prior to starting and that a volunteer placement cannot be held indefinitely.

☐ I understand & agree.

Signature of Applicant: _____

Volunteer Resources will keep completed applications on file for 6 months.



Volunteer Resources
IWK Health
5850/5980 University Avenue, PO Box 9700
Halifax, NS B3K 6R8
VOLUNTEER RESOURCES
REFERENCE REQUEST

APPLICANT'S NAME:

REFEREE'S NAME:

PLEASE NOTE: The individual named above has applied to volunteer with IWK Health. As a volunteer, this individual will have contact with patients, their families, and the general public. Volunteers are also required to work co-operatively with other volunteers and hospital staff. Any information you provide will be kept in strict confidence.

We would appreciate an honest evaluation of this person.

How long have you known the applicant and in what capacity? _____

	Poor	Needs Improvement	Good	Excellent
Communication / Interpersonal skills				
Honesty				
Initiative / Ability to work independently				
Organization / Time management skills				
Quality of work				
Reliability				
Treatment of others				

What are the applicant's key strengths?

In what areas could the applicant improve?

Do you believe that the applicant poses any risk to the welfare of children, youth, and vulnerable women? **YES** ☐ **NO** ☐
(If answered yes, we may choose to contact you in confidence)

Is there anything you would like to add?

(Referee's Signature)

(Date)

06/2024



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