



Auxiliary to University Hospital of Northern British Columbia Membership Application Cover Letter

Thank you for your interest in joining the Auxiliary to UHNBC.

THE APPLICATION FORM:

1. Fill out the application form below in **black pen** and **please print**.
2. **Please bring your completed application form to the Auxiliary Hospital Gift Shop and mark it:
Attention: Membership Interview Convenor OR
You can mail the application to:
Attention: Membership Interview Convenor
Auxiliary to UHNBC
PO Box 2346, Prince George, BC V2N 2J8.**

Once the Convenor receives your application, you will get a phone call to arrange a date and time for an interview which will take place in the hospital auxiliary room.

THE INTERVIEW:

1. The Membership Convenor will go over the open positions at the time of your application.
2. There are several Northern Health documents for you to sign at the interview which include information on confidentiality, health screening, and a Criminal Record Check.
3. **Northern Health requires that proof of Covid 19 vaccination is checked at the interview.**
4. Depending on the service you choose, you may be asked to partake of a valuable online Volunteer Module required by Northern Health which helps to protect volunteers working in any Northern Health facility. A time to take this module will be discussed at the interview.
5. There is a \$10.00 membership fee which the Membership Convenor will collect at the interview.

THE CRIMINAL RECORD CHECK:

1. During the interview, the Membership Convenor will check your Identification, help you if you have any questions about the form, and will then send your Criminal Record Check (CRRP) document to Northern Health for processing. This may take several days to several weeks.
2. Once your Criminal Record check is authorized, the convenor of the service of your choice will contact you to begin orientation in that service.



Auxiliary to University Hospital of Northern British Columbia

1475 Edmonton St., Prince George, BC V2M 1S2
or P.O. Box 2346, Prince George, BC V2N 2J8

Volunteer Application Form

All volunteer information is held in strictest confidence and will be used only to match an individual with a suitable volunteer position.

PLEASE PRINT & ENSURE THAT ALL QUESTIONS ARE COMPLETED AS FULLY AS POSSIBLE.

Name: _____	
Address: _____	
City: _____	
Province: _____	Postal Code: _____
Telephone:	Home: _____
	Work: _____
	Cell: _____
E-mail: _____ (please print clearly)	

Birth date (optional): _____

Age Group: 19-39 40-59 60+ Languages Spoken English French

Other (*please specify*): _____

I want to volunteer with the Auxiliary to University Hospital of Northern British Columbia to:

- | | | |
|--|---|--|
| <input type="checkbox"/> Help others | <input type="checkbox"/> Learn new skills | <input type="checkbox"/> Be challenged |
| <input type="checkbox"/> Meet new people | <input type="checkbox"/> Keep busy | <input type="checkbox"/> Other (specify):
_____ |
| <input type="checkbox"/> Show appreciation for help received | <input type="checkbox"/> Explore career opportunities | |

PREVIOUS VOLUNTEER EXPERIENCE:

I heard about volunteering for the Auxiliary to University Hospital of Northern British Columbia from:

- | | | |
|---|---|---|
| <input type="checkbox"/> Hospital Staff | <input type="checkbox"/> Volunteer Bureau | <input type="checkbox"/> School |
| <input type="checkbox"/> Auxiliary Volunteer | <input type="checkbox"/> Radio, TV, Newspaper | <input type="checkbox"/> Church |
| <input type="checkbox"/> Hospital Patient | <input type="checkbox"/> Library | <input type="checkbox"/> Community Center |
| <input type="checkbox"/> Other (<i>please specify</i>): | _____ | |

HEALTH PROBLEMS / LIMITATIONS:

NORTHERN HEALTH IMMUNIZATION REQUIREMENTS:

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 **recommended** to be immunized for measles, mumps, rubella, chickenpox, and hepatitis B (routine childhood immunizations) • Volunteers are **required** to follow Northern Health Authority Influenza Prevention Policy • Volunteers are **required** to provide proof of full COVID-19 immunization at their interview.

REFERENCES:

I agree to have the following references contacted by Auxiliary to University Hospital of Northern British Columbia Volunteer staff:

1) _____
Name relationship telephone

2) _____
Name relationship telephone

Applicant's Signature

* _____ **Date:** _____

<p>For Office Use Only</p> <p>Interview Date: _____</p> <p>By: _____</p> <p>Annual Membership fee: \$10.00 Receipt # _____</p>
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Auxiliary to UHNBC Services

Thank you for your interest in working in one of our services. Please select/check your 1st, 2nd, and 3rd choices. Please note that shift hours are set, and we hope that you will be able to fit them into your schedule. Training is provided in most services. **Please note that due to Covid 19 not all services have yet been reinstated. (X)**

	<p>GIFT SHOP—Monday to Friday, three-hour shifts- two volunteers per shift in the hospital Run the till, assist customers, sell lottery, re-stock merchandise THIS SERVICE IS A MAJOR SOURCE OF INCOME.</p>
	<p>THRIFT SHOP—Monday to Saturday, four-hour shifts on Third Ave Shifts are 9 am-1 pm and 1 pm – 4 pm Run the till, sort donations and stock the floor THIS SERVICE IS A MAJOR SOURCE OF INCOME.</p>
X	<p>INFORMATION DESK—Monday to Saturday, two- or three-hour shift Greet and direct visitors to the various areas of the hospital</p>
	<p>JUBILEE LODGE —Tuesday Mornings Jubilee Lodge is the hospital extended health facility Bingo 10:30am-12:00pm. A monthly birthday party tea is also hosted with recreation staff</p>
	<p>KNITTING—Hours are at your convenience Hand knitted items for babies, include baby sets, mittens, and blankets</p>
	<p>QUILTING/SEWING—Members meet and quilt/sew together at a member’s home. A wide variety of items are made for the gift shop to sell. Items are also made to distribute to NICU and Maternity</p>
X	<p>TENDER LOVING CARE—On call at all hours. Provide comfort to babies under nurses’ supervision</p>
X	<p>LIBRARY—Variable hours. Donated books and magazines are sorted and delivered to various areas of the hospital</p>
X	<p>PATIENT MENU SERVICE - Helping new admission patients fill menu cards</p>
X	<p>PATIENT SUPPORT SERVICE – Volunteers visit long term hospital patients to provide company and companionship. Shifts are based on individual patient needs as indicated by the nursing staff</p>
X	<p>REGIONAL CLINIC INFORMATION DESK - Assist patients with appointments with visiting doctor specialists. Times dependent on doctor schedules.</p>
	<p>GARDENING SERVICE – Plant and maintain planters and gardens at the front of the hospital</p>