

Volunteer Workforce

Volunteer Application Form

To apply to volunteer with Saskatchewan Health Authority please follow these steps:

1. Complete the application form.
2. Distribute the three reference forms for completion.
3. Once all paperwork is complete, call the Volunteer Office at your preferred site to arrange for an interview.

- Rosthern Hospital 306.232.4811
- Humboldt District Hospital 306.682.8139
- Wadena Hospital 306.338.9938
- Wynyard Hospital 306.554.3312, ext 2

4. Bring your paperwork and references to your interview.

OR:

Apply on-line:

www.myvolunteerpage.com

(searching under Saskatoon, and selecting your preferred Saskatchewan Health Authority on site)

Volunteer placements are made at the discretion of the Volunteer Workforce Manager/Coordinator in direct response to client need.

Contact Information

Name: Address:
City: Province: Postal
Code:
Home Number: Work/Cell Phone Number:
Email Address:
Emergency Contact:

Please list any medical information that we should be aware of:

Employment:

Occupation: Employer:

Student:

Please circle one: High School University College Other

Area of Study:

If under 18, you must get parental consent.

My son/daughter has my consent to volunteer with the Saskatchewan Health Authority.

Parent/Guardian (please print)

Parent/Guardian (signature)

Date

Availability

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Site Preference

(please circle your preference)

Rosthern Hospital

Humboldt Hospital

Wadena Hospital

Wynyard Hospital

Activity Preference:

1. _____ 2. _____ 3. _____

Why are you interested in volunteering with the Saskatchewan Health Authority?

How did you learn about our program? (Please circle one)

Friend Internet Newspaper Radio Television Other: _____

References

Volunteer reference forms (3) are included in the application form and must be completed as part of the application process. Suggested references include past/present employers, teachers, co-workers, and clergy. One reference can be completed by a family member or personal friend. Submit completed forms at the interview.

Criminal Record Check (For applicants 18 years +)

You are required to provide a Criminal Record Check. Following the interview, you will be given a letter requesting this service from the RCMP. It is your responsibility to acquire the Criminal Record Check and to bring the document to the Volunteer office.

In signing this application form, I agree:

1. That the information I provided is accurate and complete.
2. To abide by the Volunteer Code of Confidentiality, as outlined below.
3. To grant permission for Saskatoon Health Region Volunteer Workforce to contact my references, as provided.

Signature

Date

Information gathered through the application, interview, selection and placement process is stored on a secure database and will not be shared with outside sources.

Volunteer Code of Confidentiality

Please read and carefully consider the following Code of Confidentiality. As a volunteer with Saskatchewan Health Authority it is important that you understand and comply with the following:

As I interact with clients, patients, residents, family members, and staff, I will respect their right to privacy including their name, address, background, family relationships, and the nature of their health concerns. As a volunteer, I will limit my discussion to the duties and responsibilities as outlined in my duty description. I acknowledge that it is permissible to talk to others about my volunteer involvement, but not permissible to discuss specific details about the person(s) with whom I am interacting. I also acknowledge that my commitment to confidentiality continues after I cease to be a volunteer with Saskatchewan Health Authority.

I will respect and support the goal of Saskatchewan Health Authority Volunteer Workforce to provide a responsible, respectful, and positive service within the community. As a volunteer, I agree to participate in ways that support and enhance the public’s perception of Saskatoon Health Region. I will work in cooperation with Volunteer Workforce to seek resolution for any issues or concerns I may have with my commitment as a volunteer.

Note to students:

When preparing written reports relating to your volunteer activity, please remember that client names and specific details are considered confidential and therefore cannot be documented. Please consult with your supervisor to arrange for a review of your written report.

Name (please print)

Signature

Date

Saskatchewan Health Authority Volunteer Reference Check

Volunteer Applicant's Name:

We would appreciate your assistance in providing the Volunteer Workforce with a ***confidential*** reference.

Date:

Name of Referee:

Address:

Phone:

Mobile:

Email:

The above mention applicant would like to volunteer at any one of the rural Saskatchewan Hospital sites to support staff in the delivery of quality, compassionate healthcare to patients, clients, residents and families. Working together with staff, they will contribute a most important ingredient - care and concern for people, creating an atmosphere of compassion and goodwill, through a kind word or friendly smile.

- 1) What do you think the applicant would be good at and what would they find challenging in this volunteer role?
- 2) How long have you know the applicant and in what capacity?
- 3) How would you describe the applicant's ability to get along with others?
- 4) Is the applicant a team player or do they excel by working alone?
- 5) What are the applicant's primary positive skills or qualities? What areas could they improve on?
- 6) Are you aware of any extra support needs the applicant might have?
- 7) Please evaluate the applicant in the following areas using the scale where – **1=Poor and 5=Excellent**

a. Reliability	1	2	3	4	5
b. Flexibility	1	2	3	4	5
c. Time Management	1	2	3	4	5
d. Communication Skills	1	2	3	4	5
e. Responsibility	1	2	3	4	5
- 8) Is there anything else you think would be important for us to know whether positive or negative?

I affirm that the details I have provided are accurate to the best of my knowledge.

Saskatchewan Health Authority Volunteer Reference Check

Volunteer Applicant's Name:

We would appreciate your assistance in providing the Volunteer Workforce with a **confidential** reference.

Date:

Name of Referee:

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Phone:

Mobile:

Email:

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Contact Information

Saskatchewan Health Authority Volunteer Workforce

Note: If faxed or mailed, please address to Volunteer Workforce at the selected site.

Rosthern Hospital

Phone: 306.232.4811

Fax: 306.232.4887

2016 2nd St

Rosthern, SK S0K 3R0

Humboldt Hospital

Phone: 306.682.2603

Fax: 306.682.4046

515 14th Ave

Humboldt, SK S0K 2A0

Wadena Hospital

Phone: 306.338.2515

Fax: 306.338.2720

533 5th Street N.E. (Box 10)

Wadena, SK. SOA 4J0

Wynyard Hospital

Phone: 306.554.2586 ex 2

Fax: 306.554.2247

300 10 St E

Wynyard, SK SOA 4T0