



COVID-19 VACCINATION CLINICS – OPPORTUNITY TO VOLUNTEER IN-PERSON

The VCH team in Powell River is seeking volunteers for an extended period at the planned COVID-19 vaccination clinics.

- ❖ We are looking for volunteers who can commit to a clinic once a week (or more) for an extended period.
- ❖ Ideally, we are looking for a commitment of four months, but all volunteer applicants will be considered, as the current demand is still not yet known.
- ❖ Basic English proficiency is required and a second language is an asset.
- ❖ Please email Rocio Andrew to register: Rocio.Andrews@vch.ca
 - ✓ Please include in the email subject line: *Volunteer for Vaccination Clinic in Powell River*
 - ✓ Please include the following information in the email (in this order):
 - Name;
 - Complete Address (including Postal Code);
 - Telephone;
 - Email; and
 - Birth Date.

Clinic operations are varied but typically, volunteers can expect the following:

- ❖ Shift Duration: 3 - 4 hours (or more if you would like)
- ❖ Clinic Shifts Scheduled per Day: Minimum 1 per week, up to 3 or more based on operational need

Site Support will provide:

- ❖ Orientation
- ❖ Training
- ❖ Onsite supervision

After receiving your confirmation email, a VCH Volunteer Resources Coordinator will follow up with you to take you through the Volunteer Screening Process.

Thank you for your interest in this opportunity!

****Please complete this form in black ink****

Personal Information

Preferred First Name: _____ Legal First Name (if different): _____

Last Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: Home: (____) _____ Cell: (____) _____ E-Mail: _____

Interests

Why are you interested in volunteering with us?

What site and type of volunteer programs interest you? (Community, Hospital, Residential Care, Assisted Living)

What days and times are you available to volunteer?

History (Volunteer, Employment, Education, Training)

Are you presently a volunteer? Yes No

If YES, where? _____ How long? _____

Have you volunteered or worked for Vancouver Coastal Health before? Yes No

If YES, when and where? _____

Describe any other volunteer experience you have (attach separately if you wish):

Are you presently employed? Yes No Retired
 Full Time Part Time Casual

Current Employer: _____ Current Job: _____

If no, are you looking for work? Yes No If Yes: Full Time Part Time Casual

Education/Training: If you are currently a student, what school/university do you attend?

Area of Study: _____ Year/Grade: _____

List any past relevant education/training you have (Attach separately if you wish):

Abilities and Skills

List your hobbies, skills, interests and experiences:

Do you speak and/or write languages other than English? Yes No

If yes, which language(s)? _____

References

Please provide email addresses for 2 references (preferably NOT relatives or friends) who have known you for at least 6 months (Please inform your references they will be contacted)

Name: _____ Email: _____

Relationship to you: _____ Phone: _____

Name: _____ Email: _____

Relationship to you: _____ Phone: _____

**It is required by law that all volunteers must submit to a Criminal Record check. Will you consent? Yes No

Emergency Information

In case of emergency, contact:

Name: _____ Relationship to you: _____

Home telephone: _____ Cell phone: _____

Business phone: _____

Parent/Legal Guardian Consent (applicants under 19 years old)

(PLEASE NOTE THAT YOU MUST BE AT LEAST 16 YEARS OLD TO VOLUNTEER WITH US)

I, _____, give my child, _____, permission to participate in the Volunteer Program at Vancouver Coastal Health.

Signature of Parent/Guardian: _____ Date: _____

Please read the following carefully before signing this application:

By signing, I confirm that the information in this volunteer application is complete and true. I understand and agree that any omission or misrepresentation may be cause for refusal of volunteer placement, or if I am a volunteer for Vancouver Coastal Health, may be cause for immediate termination. I authorize Vancouver Coastal Health to contact the references listed and give permission to these references to release all relevant information requested.

I also understand that by signing this volunteer application form, Vancouver Coastal Health will keep a record of my personal information on site and that it will remain confidential to Vancouver Coastal Health. I understand that personal information on this form is collected, used and disclosed by VCH in accordance with the Freedom of Information and protection of Privacy Act (FIPPA), and that if I have any questions about the collection and use of my information, I can contact VCH's Information Privacy Office at 604-875-5568 or email at privacy@vch.ca

Signature: _____ **Date:** _____

Thank you for applying to volunteer with Vancouver Coastal Health – Powell River

EMAIL YOUR VOLUNTEER APPLICATION:
Email: *Andrews, Rocio.Rocio.Andrews@vch.ca*
Tel: *604-988-3131 ext 4920*