

Broadmead Care
The Lodge at Broadmead, Veterans Health Centre and Nigel Program

VOLUNTEER REGISTRATION FORM

General Information

Name: _____ Birth Date: Day _____ Month _____

Address: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email Address _____

**The Coordinator of Volunteer Services or designated staff member will add your email address to a distribution list to keep you up to date on issues and education opportunities offered at The Lodge and in the community. Your contact information will also be shared with your supervisor.

If you are a student, what school do you attend? _____

Emergency Contact: Name/ Relationship: _____

Phone Number: (H) _____ (W) _____ (M) _____

Languages: Written: _____ Spoken: _____

Under the Criminal Records Review Act, Broadmead Care requires all volunteers to complete the attached criminal record check form. Have you ever been convicted of any crime?

Do you have any health problems or restrictions that might affect your volunteering?

References

Please give two references from business, education or previous experience (paid or unpaid). Do not include family members.

1. Name: _____ Relationship: _____

Phone #: _____ day () _____ evening ()

Email Address

2. Name: _____ Relationship: _____

Phone #: _____ day () _____ evening ()

Email Address

Skills, Experience, Interests

Present/previous employment, community or volunteer involvement: _____

Other skills, experience and special interest: _____

How did you hear about volunteering with Broadmead Care? _____

Why are you interested in volunteering for Broadmead Care? _____

What do you hope to gain from your volunteer experience? _____

What kind of assignment would you like and at which Broadmead Care site? _____

Length of Commitment: Less than 6 months _____ 6 months to 1 year _____ Longer _____

Availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Declaration:

I authorize the above references to be contacted regarding this position.
I will respect confidential information and the rights and dignity of all residents/clients.
I will honour my commitment as a volunteer as outlined in the Volunteer Code of Ethics.
I will abide by the guidelines, policies and standards as outlined in the volunteer guide.
I am aware that acceptance of each volunteer is at the discretion of the Coordinator of Volunteers.

Signature of Applicant

Date:

**Broadmead Care
4579 Chatterton Way
Victoria BC V8X 4Y7**

VOLUNTEER'S NAME: _____

DATE: _____

TUBERCULOSIS SCREENING (please circle Yes or No)

Have you ever had active Tuberculosis? YES / NO

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

Persistent cough Yes / No Excessive fatigue Yes / No

Unexplained weight loss Yes / No Excessive night sweats Yes / No

Coughing up blood Yes / No Persistent fever Yes / No

Only If you have answered YES to any of the above:

You will need to phone your local TB testing clinic to arrange for FREE TB screening. In Victoria: 519-1510. The results of your TB screening will need to be documented below and returned to the Coordinator of Volunteer Services or designated staff member **before** you may begin volunteering.

Volunteer Signature

Coordinator of Volunteer Services or
Designated Staff Signature

Infection Control Department

TB SKIN TEST/S: Date: _____

Result: _____

Date: _____

Result: _____

Chest X-Ray (if required): Date: _____

- No evidence of Active TB
 Needs further investigation

Physician/Nurse Name (please print): _____

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Volunteer Code of Ethics

As a volunteer, I realize that I am subject to a code of ethics, similar to that which binds the professional. I like them, expect to be accountable for the following:

HIGH STANDARDS:

I agree to serve as a volunteer and provide the highest quality of services.

LOYALTY:

I will be loyal and will not criticize residents, staff, or volunteers or the care/treatment of the residents. I will discuss any concerns or ideas I may have with my direct supervisor or the Coordinator of Volunteer Services. I have a duty to report unusual behaviours or incidents involving residents, clients, volunteers or staff members to my direct supervisor for the safety of all and for the appropriate care of BC residents and clients.

CONFIDENTIALITY:

Any medical or personal information I may become aware of regarding an individual resident, client, staff member or volunteer is confidential and privileged information. To respect the privacy of the individual, this information will be shared only with the individual staff member(s) who need to know the information. I will not share any confidential information outside of my volunteer site.

RELIABILITY:

I realize that BC staff and residents or clients depend on me to be punctual and regular in attendance and conscientious in fulfilling my assignments.

GUIDANCE:

I am willing to be trained and receive ongoing education for my volunteer assignment and will remain open-minded and receptive to other ideas and opinions during supervision and training. I will ask for guidance, help or suggestions from staff whenever I need it. I will keep informed about the residents and programs I am assigned.

ATTITUDE:

I will be non-judgmental and will treat all residents, staff, volunteers, family members and visitors with kindness, courtesy and respect. I will engage in meaningful ways with residents and clients to make every moment matter.

BOUNDARIES:

I understand that my relationship with residents is of a supportive nature and socializing with residents or clients takes place only when I am on pre- approved volunteer assignment time. The volunteer relationship with residents or clients is different from a friendship or family relationship and the focus remains on the resident/ client. If I am ever unsure of what is acceptable or not acceptable behavior in any situation I will speak with my supervisor for clarification.

Signature

Date