

**Broadmead Care Society**  
**The Lodge at Broadmead and Veterans Health Centre**

**VOLUNTEER REGISTRATION FORM**

**General Information**

Name: \_\_\_\_\_ Birth Date: Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_

(Providing the year of your birth is **optional**, you have the right to refuse this information. However, it helps us to understand the demographics of our volunteer team and plan for future recruitment).

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ May we contact you at work? \_\_\_\_\_

Email address: \_\_\_\_\_

In case of emergency notify: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If you attend school, which one: \_\_\_\_\_

Languages: Written: \_\_\_\_\_ Spoken: \_\_\_\_\_

Have you ever been convicted of a criminal offence for which no pardon has been granted?

\_\_\_\_\_

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

\_\_\_\_\_

Vehicle make/colour: \_\_\_\_\_ Plate # \_\_\_\_\_

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**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 ( )

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ day ( ) \_\_\_\_\_ evening ( )

**Skills, Experience, Interests**

Present/previous employment, community or volunteer involvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other skills, experience and special interest: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our volunteer program? \_\_\_\_\_

Why are you interested in volunteering for The Lodge at Broadmead? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain from your volunteer experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kind of assignment would you like? \_\_\_\_\_  
\_\_\_\_\_

**Length of Commitment:** 6 months \_\_\_\_\_ 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.
- I will honour my commitment as a volunteer.
- I will abide by the guidelines, policies and standards as outlined in the volunteer guide.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date:

**Broadmead Care Society  
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

**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 **before** you may begin volunteering.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Coordinator of Volunteer Services 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):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## The Lodge at Broadmead & Veterans Health Centre

### 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 refrain from criticizing residents, staff, other volunteers or the care/treatment of the residents. I will direct any feedback and concerns I may have to 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 BCS residents and clients.

#### **CONFIDENTIALITY:**

Any medical or personal information I may become aware of regarding individual residents 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 The Lodge at Broadmead or Veterans Health Centre.

#### **RELIABILITY:**

I realize that The Lodge at Broadmead and Veterans Health Centre 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.

#### **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 volunteer assignment time at The Lodge at Broadmead or the Veterans Health Centre. The volunteer relationship with residents or clients is different from a friendship or family relationship. If I am ever unsure of what is acceptable or not acceptable behavior in any situation I will speak with my supervisor for clarification.

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Signature

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Date