

Broadmead Care Society
Operating
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: _____ Plate # _____

References

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

1. Name: _____ Phone _____ day ()
or evening ()

Relationship: _____

2. Name: _____ Phone _____ day ()
or evening ()

Relationship: _____

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?

Availability

Length of Commitment: 6 months _____ Longer _____

	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:

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 these:

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 feedback and concerns 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 our residents and clients.**

Confidentiality **Any medical or personal information I may become aware of regarding individual residents is confidential and privileged information.** In order 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.

Signature

**Broadmead Care Society
4579 Chatterton Way
Victoria BC V8X 4Y7
(250) 658-0311**

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 ONLY:

TB SKIN TEST/S: DATE _____ RESULT _____ DATE _____

RESULT _____

Chest X-ray (if required): DATE _____ **No evidence of active TB**

Needs further investigation

Doctor/ Nurse Name: _____

Signature: _____