



**For Northern Health use only**

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

**Contact Information**

Title (Mr, Mrs, Miss, Ms, Mx, Dr, etc.): \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

Are you age 17 years or younger? (Requires parental consent if yes)

No  Yes

If yes, please provide parent / guardian name: \_\_\_\_\_

Parent / guardian email: \_\_\_\_\_

Parent / guardian phone number: \_\_\_\_\_

**Community**

- |  |   |  |  |                                     |
|--|---|--|--|-------------------------------------|
| <input type="checkbox"/> Atlin         | <input type="checkbox"/> Burns Lake     | <input type="checkbox"/> Chetwynd        | <input type="checkbox"/> Dawson Creek  | <input type="checkbox"/> Dease Lake |
| <input type="checkbox"/> Fort Nelson   | <input type="checkbox"/> Fort St. James | <input type="checkbox"/> Fort St. John   | <input type="checkbox"/> Fraser Lake   | <input type="checkbox"/> Houston    |
| <input type="checkbox"/> Hudson's Hope | <input type="checkbox"/> Kitimat        | <input type="checkbox"/> Mackenzie       | <input type="checkbox"/> Masset        | <input type="checkbox"/> McBride    |
| <input type="checkbox"/> Prince George | <input type="checkbox"/> Prince Rupert  | <input type="checkbox"/> Queen Charlotte | <input type="checkbox"/> Quesnel       | <input type="checkbox"/> Smithers   |
| <input type="checkbox"/> Stewart       | <input type="checkbox"/> Terrace        | <input type="checkbox"/> The Hazeltons   | <input type="checkbox"/> Tumbler Ridge | <input type="checkbox"/> Valemount  |
| <input type="checkbox"/> Vanderhoof    |   |  |  |                                     |

**General Availability**

Can you volunteer on a regular basis? Yes  No

Please tell us about your expected availability: \_\_\_\_\_

**About You**

Which facility are you are interested in volunteering (if known): \_\_\_\_\_

What Volunteer Partner Organization are you affiliated with? \_\_\_\_\_

Why are you interested in volunteering with us? \_\_\_\_\_

Please list any training, education, experience, skills or hobbies that are relevant to your application: \_\_\_\_\_

In the event of a natural disaster, such as wildfire evacuation, would you be willing to provide volunteer service to another site within your community? Yes  No



**Health Information**

Health care workers, including volunteers, are at higher risk of being exposed to, or the source of, communicable disease. Immunization protects Health care workers, their coworkers, and their patients.

- Volunteers are **recommended** to be immunized for measles, mumps, rubella, chickenpox and hepatitis B (routine childhood immunizations)
- Volunteers are **required** to follow Northern Health Authority Influenza Prevention Policy
- Volunteers are **required** to provide proof of full COVID-19 immunization

To prevent the spread of Tuberculosis (TB), please read through the TB symptoms below. If you answer YES to any of the symptoms, please pause your application and make an appointment with your family doctor to rule out a communicable condition. If a TB skin test is required, you will need to contact a Public Health Unit. Inform the unit that you are planning to volunteer at a Northern Health Authority site. Confirmation of a negative result to any TB screening must be demonstrated to Volunteer Resources before you may begin volunteering.

Please email [volunteers@northernhealth.ca](mailto:volunteers@northernhealth.ca) if you have questions.

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Persistent Cough       | <input type="checkbox"/> Coughing Blood          | <input type="checkbox"/> Excessive Fatigue |
| <input type="checkbox"/> Excessive Night Sweats | <input type="checkbox"/> Unexplained Weight Loss | <input type="checkbox"/> Persistent Fever  |

Have you ever had an active case of TB? Yes  No

If your answer to all above questions is **No**, or if you have seen your doctor and confirmed you **do not** have active TB, please check this box and continue your application.

**Reference**

We require one reference outside your partner organization whom you have known for at least six months. *References must be over 19 years of age and not family.*

**Reference**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary phone number: \_\_\_\_\_ Secondary phone number: \_\_\_\_\_

**Volunteer Consent****Please read the following carefully before signing this application**

"I \_\_\_\_\_ (print your name) confirm the information contained within this volunteer application is complete and true. I understand and agree that any omission or misrepresentation with respect to the information given may be cause for refusal or removal from volunteer placement. I understand a Ministry of Justice Criminal Record Check may be required for some positions. I authorize Northern Health Authority to contact the references listed and give permission for these references to release relevant information requested.

I understand, and give Northern Health Authority (NHA) permission to keep a record of my confidential personal information. I understand that personal information on this form is collected, used and disclosed by NHA in accordance with the Freedom of Information and Protection of Privacy Act of BC (FIPPA). I understand that NHA may engage service providers to host and manage this service on behalf of NHA. In such situations, NHA will take all reasonable steps to ensure my personal information is treated confidentially, is only used for the purposes described, and is stored securely. I understand this information may be disclosed to any party with legal and proper interest, and release the agency from any liability whatsoever for supplying such information. When NHA sends emails through service providers, some may use third party services based in the United States (US). This means that my name and email address would be temporarily stored in the US for approximately 30 days. During this time, the information is subject to US laws and regulations.

If I have any questions about the collection, use and disclosure of my information, I can contact the Northern Health Authority Information Privacy Office by email at [privacy@northernhealth.ca](mailto:privacy@northernhealth.ca)."

All volunteers must adhere to Northern Health Authority policies, including Confidentiality and Privacy and immunization requirements.

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

**Please note: Incomplete applications will not be considered**