



Interior Health

Kelowna General Hospital
2268 Pandosy St. Kelowna B.C. V1Y 1T2

Central Okanagan Health Services
Volunteer Application

Name (please print)			Volunteer ID#
Address	City	Prov.	Postal Code
Home Phone Number	Cell Phone Number	Email Address	
Birthdate (mm/dd)	Age Group <input type="checkbox"/> 14-18 <input type="checkbox"/> 19-30 <input type="checkbox"/> 31-50 <input type="checkbox"/> 51-70 <input type="checkbox"/> 70+		
Emergency Contact (Full Name)		Emergency Contact Phone Number	
Are there any limitations that affect your volunteer assignment			
Availability		Present or Former Occupation	
Volunteer Experience			
Interests, Special Skills, Hobbies or Qualifications (Music, Crafts, Computers)			
Languages (Spoken/Written)			
Indicate why you wish to volunteer and what you hope to gain in your volunteer experience with us?			

Give two personal References (other than family/relatives)

Name	Relationship	Phone Number
Name	Relationship	Phone Number

CONSENT

I consent to a Criminal Record Check and/or a personal reference check to be done to ensure the protection of children and other vulnerable clients/residents under IH care.

CONFIDENTIALITY

I will consider as confidential, all information in verbal, written or computerized form, concerning a patient, resident, client, family member, doctor or any member of IHA personnel, and will not seek information in regard to a patient/resident/client, nor will I disclose any such information which may come to my attention as a result of my role as a volunteer. I understand failure to do so may result in dismissal.

Volunteer Signature	Volunteer Services Staff	Date (mm/dd/yyyy)
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