

Dear Applicant,

Thank you for your interest in volunteering with Horizon Health Network where our vision is to provide “Exceptional Care. Every Person. Every Day”.

The role of Horizon volunteers is unique in that it complements the work of professional staff. This team effort results in an enriched approach to the patient and a family centered care experience.

Many volunteer programs require a commitment of one shift per week for a minimum of six months to one year. Please note you will be asked to complete a criminal/vulnerable reference check.

Completed application packages must be submitted by mail or in person to your local Volunteer Resources Department and include:

- Completed application form
- 2 sealed confidential references (from non-family members)
- Attention: Volunteer Resources

AREA	MAILING ADDRESS	PHONE	DROP OFF LOCATION
Fredericton	700 Priestman St., PO Box 9000, Fredericton NB, E3B 5N5	1-506-452-5322	4 th Floor (4SW Hall)
Miramichi	500 Water St., Miramichi, N.B. E1V 3G5	1-506-623-3190	Level 1
Moncton	135 MacBeath Avenue, Moncton, N.B. E1C 6Z8	1-506-857-5433	Level G
Saint John	400 University Avenue, Saint John, N.B. E2L 4L2	1-506-648-6523	Level 0
Upper River Valley	11300 Route 130, Waterville, Carleton County, N.B. E7P 0A4	1-506-375-2541	Main Level

IMPORTANT: Please ensure your application is complete as incomplete applications will not be considered

Receipt of completed applications will be confirmed. Selected applicants will be invited to an interview to discuss areas of interest, accomplishments and availability to help us find the right volunteer role for you. Selected volunteers take part in an orientation and receive program specific training. Applications are kept on file for six months and reviewed based on the needs of our volunteer programs.

The goal of the volunteer program is to provide an added caring touch and/or input into our healthcare programs to make our patients and families experience the best it can possibly be. Volunteers help in the following ways; visiting with patients; assisting with patient recreation programs like music, cards or bingo; participate in hospital projects and committees to collaborate with staff and provide patient/family input; others greet and assist the public in outpatient clinics; provide service in our hair salons, gift and coffee shops, and much more.

Thank you again for your interest in volunteering, we look forward to hearing from you. If you have any questions, please contact your local Volunteer Resources Department at one of the locations noted below.

Sincerely,

Department of Volunteer Resources
Auxiliary and Alumnae Relations

CONFIDENTIAL VOLUNTEER REFERENCE FORM



APPLICANT'S NAME: _____

The above-named individual has applied for a volunteer position at Horizon Health Network. Your evaluation of this person is very important; it will be given serious consideration as part of our screening process to ensure the safety of our patients, staff and volunteers. All comments will be held in confidence.

PLEASE NOTE: When you have completed this form, please place it in an envelope, sign your name over the seal and return it to the applicant. Thank you for your time and comments.

REFERENCE INFORMATION

Relationship to applicant: *(Family members are not suitable references)*

Employer Co-worker Teacher Coach Spiritual Leader Friend Other *(please specify)* _____

How long have you known the applicant?

Less than 1 year 1-2 years 3-5 years 5-10 years 10+ years

Please rate how well the applicant exhibits the following characteristics and skills

3 = Excellent 2 = Good 1 = Area for improvement N/A = Not applicable

Open-minded and positive attitude		Trustworthy	
Good communication skills		Good listener	
Able to maintain confidentiality		Team player	
Attendance/Dependability		Compassion towards others	
Punctuality		Ability to handle conflict	
Ability to handle stressful situations		Organizational skills	

5. What three words would best describe this person's character?

6. Are there any characteristics that this person could improve upon?

7. Is there anything you feel we should be aware of in accepting the applicant as a volunteer?

8. Would you recommend this person as a volunteer with Horizon Health Network? Yes No Please explain:

This box is for Patient Experience Advisor (PEA) Applicants Only.

Are you aware of the applicant, or a member of their family, having a Health Care related experience in the past 3 years?

Yes No

The following questions are based on your conversations with the applicant.

1. Do you feel they are able to be objective and promote positive change/solutions as a PEA: Yes No
2. Do you feel they are able to use their personal experience constructively? Yes No
3. Do you feel they are able to see beyond their own experience, to see the big picture? Yes No
4. Would you say their Health Care experience was: Positive Negative

DECLARATION

I hereby certify that the facts set forth in this reference are true and complete. I hereby authorize the Department of Volunteer Resources to contact me should there be any further questions.

Name: _____ Date: _____

Email: _____ Phone number: _____

Signature: _____