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	4th 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. Proof of immunization to certain communicable diseases will be required to volunteer in programs that have direct patient contact. This will be discussed in more detail during the interview. 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

Department of Volunteer Resources
Volunteer Application

Name: _____ _____
(please print) (Surname) (First name)

Address: _____

City: _____ **Postal Code:** _____ **Email:** _____

Telephone: (H) _____ **(C)** _____ **(W)** _____

Emergency Contact: _____ _____
Name *Relationship*
Telephone: (H) _____ **(C)** _____ **(W)** _____

Languages: ☐ English ☐ French ☐ Other: _____

Please indicate what best describes you:
☐ Employed ☐ Retired ☐ Seeking Work ☐ University ☐ High School ☐ Other: _____

Occupation (present or previous): _____

Student: Yes ☐ No ☐ **School:** _____ **Grade/Year:** _____

Under 18: Yes ☐ No ☐ **Date of Birth:** _____ _____ _____
(if under 18 please provide student DOB and parent consent) DD/MM/YY Parent Name *Parent signature / consent*

Previous Volunteer Experience: Yes ☐ No ☐ **Please List**: _____

_____

Why do you want to become a Horizon Volunteer / Patient Experience Advisor? _____

_____

_____

How did you hear about volunteer/patient experience advisory opportunities within Horizon Health Network?
☐ Word of mouth ☐ Social Media ☐ TV/Radio ☐ Print Ad ☐ Friend ☐ Health Care Professional

Please indicate times you are available to volunteer

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Please indicate AM or PM							

Are there times when you are not available: (i.e.) Winter, Summer ☐ Yes ☐ No (If Yes, Please indicate) _____

If accepted, how long are you able to commit? ☐ Short Term (6 months) ☐ Long Term (longer than 6 months) ☐ Other: _____

Do you possess any of the following skills?
☐ Cashier ☐ Musical abilities ☐ Fundraising ☐ Artisan skills ☐ Baking ☐ Customer service
Other: please specify _____

Choose the best answer(s) that suits your particular interest or outlook;
I enjoy interacting with: ☐ patients ☐ public ☐ elderly ☐ children
My personality is: ☐ outgoing ☐ shy/quiet ☐ calm ☐ flexible ☐ private ☐ talkative ☐ patient ☐ reliable
When working on a task I prefer: ☐ a team environment ☐ individual work ☐ fast paced environment ☐ quiet environment
I like to: ☐ organize events ☐ chat with others ☐ engage in social activities ☐ have a variety of tasks ☐ have a routine

Application continues on page 2

Please indicate the facility where you would prefer to perform your volunteer activities /programs:

Fredericton Area:
- ☐ Dr. Everett Chalmers Regional Hospital
- ☐ Oromocto Public Hospital
- ☐ Stan Cassidy Centre for Rehabilitation
- ☐ Woodbridge Centre
- ☐ Veterans Health Unit
- ☐ Queens North Health Center

Miramichi Area:
- ☐ Miramichi Regional Hospital

Moncton Area:
- ☐ Moncton Regional Hospital
- ☐ Sackville Memorial Hospital

Saint John Area:
- ☐ Ridgewood Veterans Wing
- ☐ Charlotte County Hospital
- ☐ Saint John Regional Hospital
- ☐ Sussex Health Centre
- ☐ St. Joseph's Hospital
- ☐ Centracare

Upper River Valley Area:
- ☐ Upper River Valley Hospital
- ☐ Hotel Dieu St. Joseph's Hospital

This box is for Patient Experience Advisor (PEA) Applicants Only.
General volunteers do not need to complete this section.

To be considered as a PEA, you or a family member must have had a healthcare related experience within the last 3 years.

As a potential patient experience advisor, your experience is as a: Patient ☐ Family Member ☐

What Facility were you or your family member a patient in? _____

Please indicate the unit(s) or service(s) where you have had experience: _____

_____

When were you or your family member in the hospital last? _____

Please check off the following healthcare areas where you have had experience AND interest:

- ☐ Family Medicine
- ☐ Surgery
- ☐ Stroke
- ☐ Cardiac Care (Heart)
- ☐ Oncology (Cancer)
- ☐ Palliative Care
- ☐ Critical Care (Intensive Care)
- ☐ Emergency Medicine (ER)
- ☐ Nursing Care
- ☐ Maternity (OBS)
- ☐ Neonatal
- ☐ Women's & Children's Health
- ☐ Nephrology (Dialysis)
- ☐ Diabetic Care / Education
- ☐ Rehab (Ex. Physiotherapy)
- ☐ Healthy Aging
- ☐ Respiratory Care (COPD)
- ☐ Mental Health & Addictions
- ☐ Spiritual/Religious Care
- ☐ Laboratory Diagnostics
- ☐ Diagnostic Imagining (X-Ray)
- ☐ Discharge Planning
- ☐ Food Services
- ☐ Environmental Services (Housekeeping)
- ☐ Maintenance
- ☐ Patient Privacy
- ☐ Other: (Please Specify) _____

CONFIRMATION (ALL VOLUNTEER AND PATIENT EXPERIENCE ADVISOR APPLICANTS MUST REVIEW AND SIGN BELOW)
Please read & check before signing.

☐ I understand that, submitting this application and/or being interviewed does not guarantee a position as a volunteer or a PEA.

☐ I understand that, Horizon Health Network requires that I undergo a Criminal and Vulnerable Sector Check.

☐ I understand that, prior to starting as a volunteer/PEA I must have orientation/training and sign a confidentiality oath.

I hereby certify that the facts set forth in this application are true and complete. I hereby authorize Volunteer Resources to contact my present or previous employer and/or my references as indicated on this application.

_____ _____
Signature of Applicant Date

Department of Volunteer Resources
VOLUNTEER PROGRAMS

Below is a list of programs we have available. Select any programs of interest to you. Please note program availability varies, which will be further discussed during the interview process.

Legend: **Fred** – Fredericton Area, **Mir** – Miramichi, **Mon** – Moncton Area, **SJ** – Saint John Area, **URV** – Upper River Valley Area. **HS** - Eligible Programs for High School Students.

✓	Program Name	Descriptions	Available in					
			FRED	MIR	MON	SJ	URV	HS
☐	**Patient Experience Advisor**	PEAs volunteer with our committees and working groups, in partnership with healthcare professionals. They bring the voice of the patient/family and contribute to quality improvement and safe healthcare for everyone.	✓	✓	✓	✓	✓	
☐	**Greeter**	Greeters are the go to people and often the first face you will meet when coming to our facility. They welcome and help patients find their way through our facilities, deliver cards and flowers, and help with discharges. If you like to stay active, this programs for you.	✓		✓	✓	✓	✓
☐	**Host**	Receiving treatment, having surgery or waiting for loved-ones, can be hard. Host volunteers provide support to patients and families in our clinics and waiting rooms, and act as a connection between patients, families and staff.	✓	✓	✓	✓	✓	
☐	**Recreation Programs**	Who doesn't like to play games? Bowling, bingo, and card games are just some of activities you can assist with to help make our patient's day more enjoyable.	✓	✓	✓	✓		✓
☐	**Gift Shop**	Funds from retail therapy contribute to required state of the art equipment and comfort items for our patients. Help out in the Auxiliary operated Gift Shops by assisting patients/families pick out that perfect gift for a new born baby or choosing the right "get well" card that will bring a smile.	✓	✓		✓		✓
☐	**Coffee Shop**	A hot cup of coffee served with a smile, is enjoyed by staff and visitors. Auxiliary operated Coffee Shops raise funds for needed equipment and patient comfort.	✓		✓			✓
☐	**Cuddler**	Our tiniest patients love extra TLC. Volunteers provide extra cuddles to babies and support families.			✓	✓		
☐	**Friendly Visiting**	Your presence can make a difference. Volunteers visit patients who are lonely or from out of town.		✓	✓	✓	✓	✓
☐	**Goodnight**	A friendly visit with patients offering a warm blanket, bedtime snack, game of cards, reading a book, conversation, or helping settle in for a good night's rest.	✓	✓				✓
☐	**Oncology Coffee Cart**	A warm cup of coffee, a chat and a smile provide comfort and help pass the time for patients and families waiting for treatment.				✓		
☐	**Palliative Care**	Being there…. Palliative care volunteers provide an atmosphere of caring and support to end of life patients and their families.	✓	✓	✓	✓	✓	
☐	**Pet Therapy**	Four-legged volunteers bring joy and comfort with a wag of a tail to our patients and staff. All dogs and handlers must be part of an accredited Pet Therapy Program.	✓	✓	✓	✓	✓	
☐	**Therapeutic Services**	Volunteers enhance services in therapeutic departments by assisting professional staff in preparing materials and engaging in activities.	✓		✓		✓	
☐	**Church Service**	Attending church services can provide peace and comfort. Volunteers assist the patients to and from the chapel for services.				✓	✓	
☐	**Dal Med NB**	Volunteers assist future physicians learn and practice their communication and non-invasive physical examination skills in a safe, positive environment.				✓		
☐	**Plant Care**	Have a green thumb? Volunteers help keep the patient gardens beautiful for their pleasure.	✓			✓	✓	✓
☐	**Library Cart**	Reading helps pass the time while in the hospital. Volunteers provide a convenient free mobile book service to patients and families.		✓		✓		✓

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	

1. What three words would best describe this person's character?
_____
2. Are there any characteristics that this person could improve upon?
_____
3. Is there anything you feel we should be aware of in accepting the applicant as a volunteer?
_____
4. 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: _____

CONFIDENTIAL VOLUNTEER REFERENCE FORM

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How long have you known the applicant?

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

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

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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:

_____

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Signature: _____