

VOLUNTEER INFORMATION SHEET
ALL INFORMATION IS STRICTLY CONFIDENTIAL

The information on this form will help us to find the most satisfying and appropriate participation /placement for you. Your cooperation in completing it is most appreciated. **All volunteer positions may require a Criminal Records Check and Vulnerable Sector Screen through your local police department.**

CONTACT INFORMATION

Name: _____

Address: _____

Postal Code: _____ Telephone: (H) _____ (C) _____

Email Address: _____

Emergency Contact: _____ Telephone: _____

SKILLS AND INTERESTS

1. What is your previous/present paid or not paid work experience? (Please feel free to attach a resume if you would like).
2. What are your special skills, training or interests you would like to use?
3. What skills or areas of interest would you like to develop?
4. What kind of volunteer work are you most interested in doing?
5. Any supports needed (i.e. physical) that would affect placement or duties?

6. How did you hear about participating at the Centre?

7. Other Comments:

AVAILABILITY

Hours per week: _____ When are you not available? _____

Any preferred days and hours? _____

PRIVACY

Please check those that you agree with.

- Permission is hereby granted to BCHC to send BCHC mailing to my home and or email.
- Permission is hereby granted to BCHC to publish my name (i.e. the Annual Report)
- Permission is hereby granted to BCHC to take photos for publications (i.e. BCHC website, Annual Report)

Signature

Date

REFERENCES

References: Please have attached reference check sheets completed by your 3 references. If your reference is unable to complete the form, please contact the Community Health Worker as the form can be faxed or emailed to them on your behalf.

To ensure proper placement and safety of program users, references are checked.

CONFIDENTIALITY

In the normal course of your duties you may gain knowledge about the users of the Centre. For example, you may become aware of a user's marital status, the number of visits they have made, their medical condition, and any problems they may be encountering. Depending on your position, you may also become aware of a user's financial situation, medical history, family and emotional problems, and social history.

Approval Date: April 2005

Approved by: ED

Reviewed by: Administrative Staff Meeting

Dates of Review: 2007, 2011, 2013, September 15, 2015

September 12, 2017 (All Staff Meeting) (no changes)

Dates of Revision: September 2009, July 2018, Aug 2020

This sharing of information can be seen as a reflection of our concern and interest in the users of the Centre. You should be aware that all information obtained about the users of the Centre is considered to be privileged. That is, it must not be disclosed to anyone not involved in the care of the user. Even the fact that a user has visited the Centre is considered privileged information.

Discussion of users within the Centre is necessary in order to provide proper care. However, this sharing of information should be limited to what is necessary in order to provide that care and should be limited to staff only.

Why is **CONFIDENTIALITY** so important? The primary reason is respect of users' rights. All users have the right to privacy and confidentiality of information. Equally important is that harm or damage could result if information gets into the wrong hands. Care of the user could also be jeopardized by the spreading of information.

Thirdly, if a user feels that staff is keeping information about them confidential, they will feel more trustful and be more honest and open.

Upon commencing service we request that you sign this confidentiality statement.

**BARRIE COMMUNITY HEALTH CENTRE
CONFIDENTIALITY STATEMENT**

I understand and agree that in the performance of my duties, I will respect the privacy of users and staff at the Barrie Community Health Centre.

I will not attempt to access information that I have not been authorized to deal with and is not outlined in my position description. I will declare any conflict of interest when an assigned task could result in my accessing the personal medical record of myself, my family, friends or acquaintances. I will report to my supervisor immediately any accidental breach of access to those personal medical records.

I, the undersigned, do willingly promise to hold in confidence all information about users that come to my attention in the line of duty at the *Barrie Community Health Centre*. I have reviewed the guidelines of the BCHC pertaining to user confidentiality and will strive to uphold them, recognizing that *my* failure to do so may represent grounds for dismissal and possible legal action.

Signed _____

Date _____

Witness _____

Date _____

Reference Check

The following person has given your name as a reference: _____

S/he has applied to volunteer in this area: _____

Please answer the following questions to assist us in ensuring proper placement within our organization. _____ can not volunteer until completion of these references. Please return this form in the attached envelope or fax it to (705) 734-0239. Thank-you for taking the time to complete this for _____ .

How long have you known? _____

In what capacity have you known this person? _____

Do you feel this person will do well in this position? (Specify why?)

Would you have any reservations in recommending this person as a paid staff/volunteer with our organization?

Would you have any reservations hiring this person to work for you in this kind of position?

Additional Comments:

Your Name:

Address:

Telephone number to be reached for confirmation of references: _____

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