

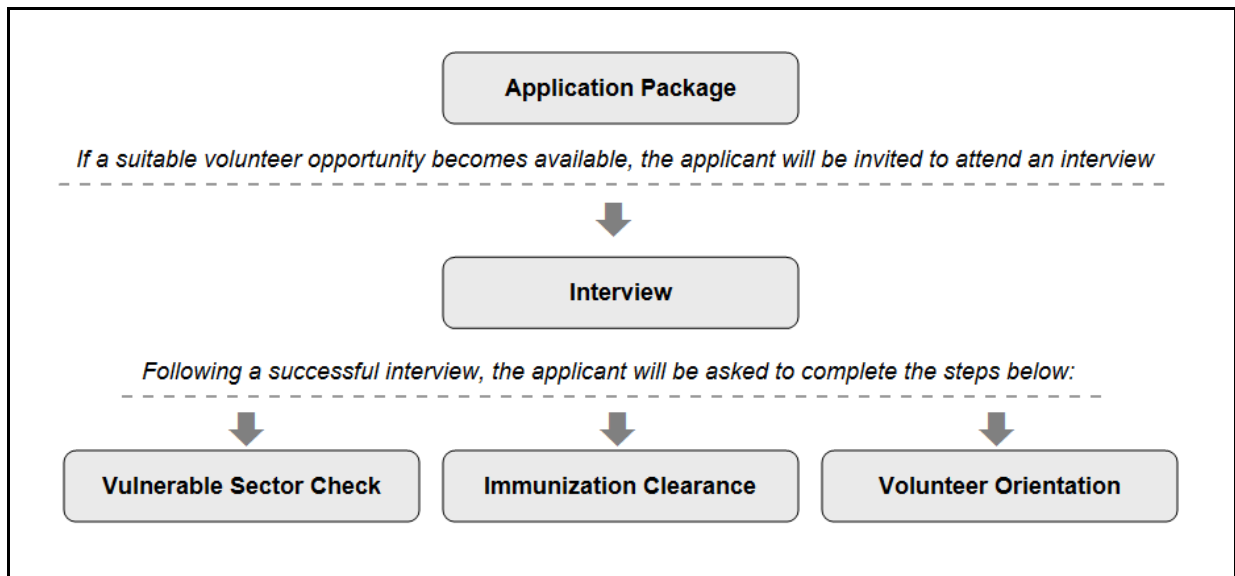
## BECOMING A VOLUNTEER

Thank you for your interest in joining our volunteer program! Volunteers are valued members of our team at the North Bay Regional Health Centre.

Becoming a volunteer involves significant time and resources from you and from the organization. For this reason, we ask that all volunteers make a long-term commitment to the program and maintain a regular volunteer schedule. **Please carefully consider if you are able to make this type of commitment.**

Volunteers are selected and placed according to the needs of the organization and the interests, skills, availability and suitability of each applicant. Due to the nature of work in our organization, there are limited volunteer opportunities on evenings and weekends.

The diagram below outlines the steps to become a volunteer - it can take a few weeks to complete the process.



Please submit your application package to the Volunteer Department (contact information below).

If you are only available during the summer, please submit your application package no later than **April 15th**.

We strive to accept as many applicants as possible, however, due to the volume of applications we receive we are not able to guarantee a placement for everyone and only those applicants selected for an interview will be contacted.

**Volunteer Department**  
North Bay Regional Health Centre  
50 College Drive, PO Box 2500, North Bay, Ontario, P1B 5A4  
Email: volengdept@nbrhc.on.ca | Phone: 705-474-8600 ext.3131 | Fax: 705-495-7980

## VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION					
Name:					
Address:			City:		
Telephone (Home):			Telephone (Cell):		
Email:				Gender:	
Date of Birth:			<i>*All applicants must be 16 years of age or older</i>		
Languages Spoken:					
Health Restrictions/Limitations:					
Why are you interested in volunteering at the NBRHC?					
What type of volunteer opportunity are you interested in?			<input type="checkbox"/> Clinic Support	<input type="checkbox"/> Unit Visiting	
<input type="checkbox"/> Information/Way-finding			<input type="checkbox"/> Fundraising	<input type="checkbox"/> Pet Therapy	
<input type="checkbox"/> Information/Way-finding			<input type="checkbox"/> Office Support		
Do you have any other affiliation with the NBRHC?					
<input type="checkbox"/> Employee		<input type="checkbox"/> Security		<input type="checkbox"/> Board Member	
<input type="checkbox"/> Student		<input type="checkbox"/> Contractor		<input type="checkbox"/> Other	
				<input type="checkbox"/> Patient } <input type="checkbox"/> current patient	
				<input type="checkbox"/> former patient	
If you have been a patient at the NBRHC within the last two years, would you be interested in providing feedback to support quality improvement initiatives?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
Are you interested in receiving information from the NBRHC Foundation?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
EMERGENCY CONTACT INFORMATION					
Name:				Relationship:	
Telephone 1:			Telephone 2:		
EDUCATION					
Highest Level of Education:				<input type="checkbox"/> Completed <input type="checkbox"/> In Progress	
Name of School/Institution:					
Area(s) of Study:					
EXPERIENCE					
Work Experience:					
Interests, Skills and Hobbies:					
Volunteer Experience:					

### AVAILABILITY/COMMITMENT

I would like to volunteer at the following location:     North Bay     Sudbury

I am available to volunteer:

Time \ Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

I am able to make the following volunteer commitment: *(please select one)*

- Regular Commitment:** At least 80 hours of service for at least 7 months (approx. 4 shifts per month).
- 
- Student Commitment:** At least 50 hours of service for at least 2 months. Enrollment in an educational institution (secondary or post-secondary) is required.

Please identify your availability for the student commitment below:

Time of Year:	Length of Commitment:
<input type="checkbox"/> During the School Year only (September-April)	<input type="checkbox"/> 2 months - approx. 8 shifts per month
<input type="checkbox"/> During the Summer only (May-August)	<input type="checkbox"/> 3 months - approx. 5 shifts per month
<input type="checkbox"/> During the School Year <u>and</u> Summer	<input type="checkbox"/> 4+ months - approx. 4 shifts per month

If you are only available during the summer, please submit your application package no later than **April 15th**.

### VOLUNTEER AGREEMENT

- I understand that the Volunteer Department has the right to accept or not accept volunteer applicants, and that only those applicants selected for an interview will be contacted.
- I will adhere to the policies, procedures and guidelines outlined by the Volunteer Department.
- I understand that volunteer identification must be worn when volunteering and returned at the end of volunteer service.
- I understand that the Volunteer Department will keep a record of my personal information and that it will remain confidential.
- I understand that the Volunteer Department may need to share my contact information with other NBRHC staff in order to facilitate my volunteer placement.
- I agree to have my photograph taken for identification and media purposes.
- I agree to receive communications (paper or electronic) from the Volunteer Department.
- I understand that personal cell phone use should be kept to a minimum when volunteering.
- I understand that confirmation of hours can only be provided after 50 hours of volunteer service.
- I understand that the Volunteer Department has the right to dismiss a volunteer from the volunteer program if, in the opinion of the Volunteer Department, their continuance in the volunteer program could be detrimental to the organization.
- I understand that repeated absence or tardiness may be cause for dismissal.
- I understand that false information on this application form may disqualify me from volunteering, or result in my dismissal.

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

### PARENTAL CONSENT (For Applicants Under 18 Years of Age)

I give my permission for \_\_\_\_\_ (name of applicant) to volunteer at the North Bay Regional Health Centre. I have reviewed this application package and understand that volunteering requires a commitment on the part of my child/dependent including regular attendance, appropriate conduct and adherence to organizational policies and procedures.

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

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

## Confidentiality Agreement

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

Affiliation with the North Bay Regional Health Centre: \_\_\_\_\_ Volunteer

1. During my association with the Health Centre, I may have access to information and material (electronic and manual records) relating to patients, medical staff, employees, or other individuals which is of a private and confidential nature. At all times, I shall respect the privacy of the information I may have access to as well as the privacy of the patients, employees and all associated individuals whom I may encounter while associated with the Health Centre.
2. I shall treat all the Health Centre administrative, financial, patient, employee and other records as confidential information, and I will protect them to ensure full confidentiality. I shall not read records or discuss, divulge or disclose such information about the Health Centre, unless there is a legitimate purpose related to my association with the Health Centre. This includes patient information from other facilities I may have access to as part of my regular duties. This obligation does not apply to information in the public domain.
3. I shall ensure that confidential information is not inappropriately accessed, used, or released either directly by me, or by virtue of my signature or security access to premises or systems.
4. I understand that access codes come with legal responsibilities and that I am accountable for all work done under these codes. If I have reason to believe that my access codes or devices have been compromised or stolen, I will immediately contact the appropriate department (i.e. I.S./Security etc.)
5. Violations of this policy include, but are not limited to:
  - accessing information that I do not require for job purposes;
  - misusing, disclosing without proper authorization, or altering patient or personnel information;
  - disclosing to another person my user name and/or password for accessing electronic records;
  - disclosing computer access codes (for example, door codes) that need to be kept confidential and secure;
  - failure to protect physical access devices (for example, keys and badges) and the confidentiality of any information being accessed.
6. I understand that the Health Centre will conduct periodic audits to ensure compliance with this agreement and its privacy policy.
7. I understand and agree to abide by the conditions outlined in this agreement as well as those outlined in the Corporate Privacy Policy, and they will remain in force even if I cease to have an association with the Health Centre.
8. I also understand that should any of these conditions be breached, I will be subject to corrective action up to and including loss of privileges, or termination of a contract or may be fined up to \$50,000 as per the current Privacy legislation.

**I have read and understand the information contained in the Corporate Privacy Policy.**

\_\_\_\_\_  
Volunteer Name (Please Print)                      Volunteer Signature                      Date

\_\_\_\_\_  
Witness Name (Please Print)                      Witness Signature                      Date

## Code of Conduct Agreement

North Bay Regional Health Centre (NBRHC) is dedicated to providing compassionate, quality patient-centered care to each and every person for whom services are provided. The Hospital is also committed to a safe, secure and healthy environment where all people are valued, and which promotes a culture of mutual respect and a work environment that is free from discrimination and harassment.

The Hospital Community (which includes Board members, staff, physicians, volunteers, students, contractors, patients and visitors) is expected to foster a positive, supportive environment by behaving/interacting in a manner that is respectful, civil, polite and in accordance with the Mission, Vision and Values within any NBRHC site or any time when representing the organization.

A code of conduct defines agreed-upon ideals, acceptable and unacceptable conduct, and establishes an agreed-upon standard of behaviour that allows a clear recognition of the level of conduct exhibited by the individual. Our Code of Conduct is built upon the North Bay Regional Health Centre's Mission, Vision and Values of CARE:

**I, as a member of the North Bay Regional Health Centre's Hospital Community will conduct myself in accordance with the following values-based behaviours.**

### Compassion:

1. Respects the wishes of all to 'recover' in a manner suitable to the individual's needs.
2. Advocates for those who are unable to do so for themselves.
3. Effectively communicates facts, actions and information, responding in a way that is meaningful to the individual and their supports.
4. Focuses on opportunities that make a difference in people's lives.
5. Enthusiastically goes the extra step to help others.

### Accountability:

1. Acts on all commitments demonstrating respect to others.
2. Contributes to the team in order to achieve a common purpose.
3. Takes responsibility for one's own action and works toward resolutions without excuse or blame.
4. Responds to constructive feedback / advice from all with an open mind to improve personal performance.
5. Maintains privacy and confidentiality.
6. Speaks up and offers possible solutions when something is going wrong or doesn't feel right.
7. Does what is right, not necessarily quick or easy.
8. Supports organizational decisions.

### Respect:

1. Supports all to ensure they feel valued and listened to.
2. Supports the work and efforts of all beyond own area.
3. Finds common ground between own and other people's perspectives, accepting the other person's perspective as his or her reality.
4. Recognizes and acknowledges the roles and contributions of all as being of equal importance to our organization's success.

Excellence:

1. Speaks positively and enthusiastically of our contribution to the well being of the community.
2. Focuses on the positive.
3. Commits to getting the best results possible through ongoing learning, quality improvement and evaluation.
4. Shares own learning.
5. Considers all available information (including evidence-based) when making decisions to ensure quality.
6. Works hard to ensure that quality and safety are both at the forefront of the work being done.

***Examples of unacceptable conduct (considering the context of its occurrence) would include, but are not restricted to, the following:***

- Using threatening/abusive language
- Use of patronizing or condescending tone or words
- Expressing any profanity/swearing or making degrading/sarcastic comments
- Making insulting remarks, name calling and using derogatory remarks toward others
- Use of expletives and foul language
- Slamming doors/surfaces
- Using physical contact, invading another's physical or personal space/possessions/property
- Unwanted contact (touching) of an individual
- Exaggerated tone of voice, screaming, yelling
- Threatening body language, facial expressions
- Bullying - A form of repeated, persistent and aggressive behaviour directed at an individual(s) that is intended to cause (or should be known to cause) fear and distress and/or harm to another person's body, feelings, self-esteem or reputation. Bullying may occur, but is not limited to, in a context wherein there is a real or perceived power imbalance.
- Grabbing objects from another individual
- Throwing objects
- Berating individuals, whether in private or in front of others
- Stereotyping
- Coercion through intimidation
- Joke telling and slurs that promote discrimination
- Unprofessional or inappropriate (suggestive) attire
- Gossiping, rumours, and triangulation (e.g. a practice where reporting/communication relationships between two individuals are compromised when one of the individuals shares prejudicial information with others without the individual's knowledge)
- Exclusionary behaviour (e.g. silent treatment on a repeat basis) toward other staff, volunteers, medical practitioners, contract workers, and students
- Infractions of discrimination under the Human Rights Code: such as race, ancestry, place of origin, colour, ethnic origin, citizenship, creed (religion), sex, sexual orientation, disability, age, marital status, family status, receipt of public assistance, record of offences, gender identity, gender expression
- Violation of the Workplace Violence and Harassment Policy (HS – 10)

***NBRHC will not tolerate any violence, bullying, discrimination or harassment. In such cases refer to the Workplace Violence and Harassment Policy HS-10.***

***RESPONSIBILITY:***

All board members, staff, physicians, volunteers, students and contractors will read and acknowledge the provisions of the Code of Conduct upon hire. All employees will reaffirm their understanding of the Code of Conduct with every Employee Development Review completed.

Unacceptable behaviour that is unaddressed, and not redirected, is more likely to continue and/or deteriorate to more destructive levels, and so can be a warning indicator, while disruptive behaviour that is addressed is more likely to stop, improve and prevent such deterioration.

**Step #1: Let the person know:**

It is every member of the Hospital Community's responsibility to notify another that your perception of the behaviour/action displayed is inappropriate and that you would like it to stop immediately. In the event that an individual (*the complainant*) believes that a breach of the Code of Conduct has occurred, it is the responsibility of this individual to bring the specific conduct to the attention of the person who they believe to be in breach (*the respondent*) and request that the conduct cease, or that a new understanding is agreed upon. All reports will be treated confidentially. (Please refer to the Code of Conduct Tool Kit for tools to help you)

The intent of this step is to encourage open dialogue between the complainant and the respondent direct in an attempt to clarify and resolve the complaint, and/or gain better understanding/agreement/resolve.

*\*There may be circumstances that prevent the complainant from discussing the incident with the respondent directly prior to talking to his or her direct supervisor. In such situations, it is recommended that Step 2 be initiated.*

**Step #2: Talk with your direct Supervisor:**

Following Step 1, and where there is no satisfactory understanding or resolution, (e.g. the respondent was unwilling to listen or acknowledge your concerns or behaviour continues), the Complainant is encouraged to first discuss the matter with his/her supervisor within (10) days of the circumstances occurring. The immediate supervisor shall respond verbally to the complainant within five (5) days of the discussion of the complaint. The parties involved are encouraged to attempt to devise a resolution to the complaint. Should the complaint involve one's supervisor, the report should then be referred to the next most responsible member of management. (See Step #3)

**Step #3: Put it in writing:**

Every attempt should be made to approach your direct Supervisor for assistance in resolving the issue. Where there is no satisfactory resolution after Step #2, or if you are uncomfortable approaching your Supervisor to assist, you can approach your union representative (if applicable), or the next responsible member of management and/or a member of the Human Resources team for assistance and support. Documentation regarding why you feel you cannot approach your Supervisor, or why you feel the matter has not been adequately resolved at Step #2, will be required at this Step to initiate further follow-up/investigation.

Every effort will be made to process your complaint in a timely and fair manner. Every claim is different and therefore agreed upon timelines and procedures will vary.

**Step #4: Follow Up/Investigation:**

The investigation may be conducted by a single individual or a team of individuals (the Investigation Team), and may include:

- The Supervisor/ Manager/Director and/or
- A representative of Human Resources, and/or
- A representative of Risk Management, and/or
- Professional Practice Leader, and/or
- A member of the local union (in accordance with the applicable collective agreement), and/or
- An qualified external investigator to complete the investigation

The investigation must be conducted in a confidential, timely manner and open communication will be maintained between all parties involved. The complainant and the respondent will receive a status update every two (2) weeks by the investigative lead unless otherwise mutually agreed upon. Where the complainant and respondent has not received a status update or resolution he/she may address this issue with the Chief Human Resources Officer.

**REPRISAL:**

The Hospital will not allow any form of reprisal against those who report such an incident in good faith. Complaints found to be trivial, frivolous, and vexatious or made in bad faith, shall be considered a violation of this Code of Conduct and dealt with accordingly.

**CORRECTIVE ACTION:**

Individual breaches of this code will be subject to corrective action which may or may not include the following remedies as per the North Bay Regional Health Centre policies, collective agreements, non-union terms of employment, human resource and policies and procedures and applicable legislation:

- A verbal or written apology
- Counselling / education
- Suspension
- Being reported to your professional College
- Termination of relationship with North Bay Regional Health Centre

Patients, residents, clients/outpatients or visitors found to be engaged in violations of the code of conduct may be subject to remedy. Such remedies may include removal of visitation rights or discharge, if appropriate. A patient/client whose judgment is impaired (temporarily or permanently) on account of their mental or cognitive state (e.g. post-operative delirium, dementia, brain injury, psychoses, developmental delay/disability, and autism) may not be responsible for their actions. In such cases appropriate action(s) will be as per the procedure for patients/clients, outlined in the organization's Workplace Violence and Harassment HS-10.

**I have read and understood North Bay Regional Health Centre's Code of Conduct and will conduct myself with the standards outlined above.**

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Print Name

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Signature

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Date



**VOLUNTEER REFERENCE FORM**

**Thank you for taking the time to complete this Reference Form.**

Please note that references must have known the applicant for a minimum of one year and cannot be family members, friends or reside in the same household. References may be contacted for additional information.

Name of Volunteer Applicant: \_\_\_\_\_

**REFERENCE INFORMATION:**

Reference Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

What is your relationship to the applicant? (e.g. employer, teacher) \_\_\_\_\_

How well do you know the applicant?  Very Well  Well  Casually

How long have you known the applicant?  1-5 years  5-10 years  10+ years

<b>Please select the following:</b>	Poor	Fair	Good	Excellent	Not Sure
Reliability/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility/Accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication/Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassion for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectfulness of Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In which setting would the applicant work best?  Alone  Group  Either

Would you recommend this applicant to volunteer at the North Bay Regional Health Centre, knowing that he/she may not receive direct supervision?  Yes  No  Maybe

Other comments about the applicant:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

This form can be returned to the applicant or sent directly to the Volunteer Department.

**Volunteer Department**

North Bay Regional Health Centre

50 College Drive, PO Box 2500, North Bay, Ontario, P1B 5A4

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Please note that references must have known the applicant for a minimum of one year and cannot be family members, friends or reside in the same household. References may be contacted for additional information.

Name of Volunteer Applicant: \_\_\_\_\_

**REFERENCE INFORMATION:**

Reference Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

What is your relationship to the applicant? *(e.g. employer, teacher)* \_\_\_\_\_

How well do you know the applicant?

Very Well

Well

Casually

How long have you known the applicant?

1-5 years

5-10 years

10+ years

**Please select the following:**

Poor

Fair

Good

Excellent

Not Sure

Reliability/Punctuality

Responsibility/Accountability

Trustworthiness

Self-direction

Communication/Interpersonal Skills

Compassion for Others

Respectfulness of Others

Adaptability

In which setting would the applicant work best?

Alone

Group

Either

Would you recommend this applicant to volunteer at the North Bay Regional Health Centre, knowing that he/she may not receive direct supervision?

Yes

No

Maybe

Other comments about the applicant:

Reference Signature: \_\_\_\_\_

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

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