

**Whitehorse General Hospital
VolunTEEN Program
For Teens 15-19 Years of Age**

Application Package for 2021-2022

Application Deadline: Jan 7th, 2022

Thank you for your interest in the VolunTEEN Program at Whitehorse General Hospital. This program offers you a supportive, supervised environment to learn new skills in a healthcare setting.

Please complete the application package in full
and return it to your Guidance/Career Counsellor at your school for consideration.

The Career Counsellors will review and forward selected applications to the Coordinator,
Volunteer Services for further consideration.

Only short listed applicants will be contacted in **January** to set up an interview.
The interviews will be held at Whitehorse General Hospital **January 17- 21, 2022**

If you are selected for a placement, you **MUST** attend a full day orientation session on
January 29th, 2022.

Questions? Please Contact

Gwen Ross 867-393-8673 or gwen.ross@wgh.yk.ca

OR

Sarah Edwards 867-393-8732 or sarah.edwards@wgh.yk.ca

To be eligible for the program you must meet the following criteria:

- ☐ Be 15 to 19 years old – Proof of age is required (photocopy of birth certificate, driver's license, YT ID, PR Card or passport)
- ☐ Have a desire to pursue a career in healthcare
- ☐ Be able to commit to a regular shift once a week for 2-3 hours (same shift each week) for the duration of the program – **February 1st, 2022 to May 13th, 2022**
- ☐ Be able to attend **mandatory** full day Orientation & Training Session on **January 29th, 2022**.
- ☐ Be proficient in the English language
- ☐ Provide a photocopy of your immunization history, which can be obtained from the Whitehorse Health Centre, 9010 Quartz Rd, Whitehorse, Tel. 867-667-8864.

For those applicants who were immunized outside the territory, an immunization record showing proof of immunity to MEASLES is required. You must have received two doses of Measles Mumps and Rubella (MMR). Measles vaccination is NOT part of Grade 9 vaccinations so DO NOT send a photocopy of grade 9 vaccinations.

Last Name: _____ First Name: _____

Your package must contain the items below. Please check off the items as you **complete** them and attach this checklist to the front of your package assembled in the following order:

- ☐ Completed checklist (this document)
- ☐ Completed application form (with parental consent completed)
- ☐ Copy of your resume
- ☐ Vulnerable Sector Check (see attached form)
- ☐ Photocopy of Immunization History showing proof of 2 doses of Measles, Mumps and Rubella Vaccine
- ☐ A signed COVID-19 Vaccination Attestation Form
- ☐ **Two** completed reference forms in **sealed envelopes with the referee's initials across the seal**. Please write your name on the front of the envelope **and attach them to your application package**. References can be completed by a supervisor, manager, teacher, counselor, co-worker or family friend over the age of 19. (not your doctor or anyone related to you.)
- ☐ A photocopy of identification for proof of age (i.e. birth certificate, citizenship certificate/card, driver's license, YT ID, PR Card or Passport) Please note: Yukon Health Care Cards are not acceptable.

If you have a question please e-mail Gwen Ross, Coordinator, Volunteer Services at gwen.ross@wgh.yk.ca

Please do not drop applications off at Whitehorse General Hospital. Only applications approved by your School's Career Counsellors will be considered

Please be advised that if you are selected for the WGH VolunTEEN program, you will be required to pay a refundable deposit of \$20 for a volunteer vest. VolunTEENs are offered free parking at WGH.

WGH VolunTEEN Program Position Descriptions

Information Desk Position:

In the Information Desk role VolunTEENs will work to support our patients, clients, their families and visitors at Whitehorse General Hospital. Information Desk Volunteers direct and escort people to all areas of the building, they help to locate patients, answer general questions and support everyone that walks through our doors. The Information Desk position is a very busy role and customer service experience is an asset.

Books on Wheels – Mobile Book Service:

The library cart is an important service offered to patients at Whitehorse General Hospital. VolunTEENs will move from unit to unit offering patients reading materials and visiting with patients. Some patients have few visitors and often a friendly chat or reading material is valued. If there is a Pediatric patient in house, the VolunTEEN may engage in reading with the patient. In this role VolunTEENs need to be friendly, sensitive, outgoing and comfortable entering patient rooms while offering this important service to our patients. A love of reading is an asset.

Friendly Visitor - Medical Unit Visits:

This role will NOT be available for the 2022 February to May program

With each area comes a commitment of one shift per week. It is expected that shifts will be attended in full, weekly. Time adjustments to shifts are not negotiable. Please select a shift that suits your schedule.

**WHITEHORSE GENERAL HOSPITAL
VOLUNTEEN APPLICATION FORM**

Last Name: _____ First Name: _____ Preferred Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: Home: (____) _____ Business: (____) _____ Cell: (____) _____

E-mail Address: _____

Date of Birth (month/day/year) _____

Status in Canada? ☐ Canadian Citizen ☐ Landed Immigrant ☐ Visitor or Student VisaDo you consider yourself to be of First Nations, Inuit or Métis ancestry? ☐ YES ☐ NO

If yes, please describe: _____

Do you have specific background, experience or interest in working with Indigenous patients or initiatives?

If yes, please describe: _____

Education: ☐ High School: _____ Grade: _____☐ Courses/Workshops: _____Career Objective: ☐ College/University: _____

Program(s): _____

Reasons for Volunteering (i.e. Personal/Professional Goals):

Area(s) of Interest for Volunteering (see program descriptions): _____

Previous/Relevant Volunteer Experience (if applicable):

Work Experience (if applicable):

Current Employer (if applicable): _____ Job Title: _____

Supervisor Name: _____ Phone: (____) _____

Fluent Languages (other than English): _____

Hobbies/Interests: _____

Skills: _____

Emergency Contact: Last Name: _____ First Name: _____

Telephone: Home: (____) _____ Work: (____) _____ Cell: (____) _____

How did you hear about WGH's VolunTEEN program?

- | | |
|---|--|
| <input type="checkbox"/> Your Career Counsellor | <input type="checkbox"/> Other students at your school |
| <input type="checkbox"/> Yukon Hospital Corporation Website | <input type="checkbox"/> Friend/Family Member |
| <input type="checkbox"/> By visiting WGH | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Auxiliary Member | <input type="checkbox"/> Other: _____ |

Please read the following carefully before signing this application:

I, _____ (Print Your Name), authorize the Yukon Hospital Corporation to collect personal information appropriate to the position applied for concerning my academic background and employment/volunteer history, and to verify the character references I have supplied. I authorize Yukon Hospital Corporation to contact the references listed by telephone or email and give permission to these references to release all relevant information requested.

I understand that any misrepresentation in any way of the previous statements will void this application, and, if assigned to volunteer service, may be cause for termination. I agree to abide by Yukon Hospital Corporation policies, rules and regulations, and to maintain strict confidentiality of all information.

Date _____

Signature of Applicant

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**Parent/Legal Guardian Consent: (applicants under 19 years old)**

I, \_\_\_\_\_, grant my child, \_\_\_\_\_,  
(print your name) (print child's name)

permission to participate in the VolunTEEN Program at Whitehorse General Hospital. As the Parent/Legal Guardian, I understand that my child will be required to volunteer weekly for 3.5 months from February 2022 – May 2022. I am making a commitment to support my child in meeting the program eligibility conditions of this application.

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

| FOR OFFICE USE ONLY:       |                 |
|----------------------------|-----------------|
| Date Application Received: | Accepted:       |
| Declined (On hold):        | Interview Date: |
| Comments:                  |                 |

## VOLUNTEEN PROGRAM QUESTIONNAIRE

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

### AVAILABILITY:

Will your volunteer schedule need to change throughout the year?

☐ No

☐ Yes

If yes, please explain: \_\_\_\_\_

Will you be looking for a job?

☐ No

☐ Yes

If yes, which days will you be required to work: \_\_\_\_\_

Are you participating in sports or other activities?

☐ No

☐ Yes

If yes, which days and times: \_\_\_\_\_

**SKILLS:** Please check any areas in which you have considerable experience/expertise.

☐ Working with Seniors/Elders ☐ Working with Youth?

☐ Customer Service

☐ Play a musical instrument (type of instrument) \_\_\_\_\_

☐ Other: \_\_\_\_\_

**Preferences:** Under the programs you are interested in volunteering, please check ALL the days and times you'll be available. **You can select more than one.**

### Hospital Greeter/ Information Desk

- ☐ Mon 3:30 pm- 5:30 pm  
☐ Tues 3:30 pm- 5:30 pm  
☐ Wed 3:30 pm- 5:30 pm  
☐ Thu 3:30 pm- 5:30 pm  
☐ Fri 3:30 pm- 5:30 pm

### Library Cart Rounds

- ☐ Mon 3:30 pm- 5:30 pm  
☐ Tues 3:30 pm- 5:30 pm  
☐ Wed 3:30 pm- 5:30 pm  
☐ Thu 3:30 pm- 5:30 pm  
☐ Fri 3:30 pm- 5:30 pm

**Please rank programs by choice:**

Choice No. 1 \_\_\_\_\_

Choice No. 2 \_\_\_\_\_



### List of Skills and Experience

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

In point form, make a list of your experiences and describe what skill(s) you acquired that relate to the program(s) you have selected on the Placement Questionnaire Form.

Example: Program Choice: Friendly Visitor

| <b><i>Related Experience</i></b> | <b><i>What skill(s) did you acquire from this experience that relate to the 1<sup>st</sup> program you selected?</i></b> |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| 1. Volunteers with Food Bank     | Experience: Line Ambassador 1:1 interaction with clients in need of weekly food support.                                 |
| 2. Work in Retail                | Customer Service Experience                                                                                              |

**1<sup>st</sup> CHOICE PROGRAM:** \_\_\_\_\_

| <b><i>Related Experience</i></b> | <b><i>What skill(s) did you acquire from this experience that relate to the 1<sup>st</sup> program you selected?</i></b> |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------|
|                                  |                                                                                                                          |
|                                  |                                                                                                                          |
|                                  |                                                                                                                          |
|                                  |                                                                                                                          |

**2<sup>nd</sup> CHOICE PROGRAM:** \_\_\_\_\_

| <b><i>Related Experience</i></b> | <b><i>What skill(s) did you acquire from this experience that relate to the 2<sup>nd</sup> program you selected?</i></b> |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------|
|                                  |                                                                                                                          |
|                                  |                                                                                                                          |
|                                  |                                                                                                                          |
|                                  |                                                                                                                          |

## **An Important Message regarding COVID 19 precautions and influenza vaccinations**

Dear Volunteers:

Yukon Hospital Corporation, with guidance from the Chief Medical Officer of Health takes steps to protect employees, volunteers, patients, residents and clients from COVID-19 and influenza.

The Yukon Hospital Corporation (YHC) is committed to reducing the transmission of COVID-19 and influenza within health care facilities and protecting staff and clients from the complications related to infection.

Participants in our VolunTEEN program are required to be fully vaccinated against COVID-19 and must have also received their influenza vaccination. **Applicants will have to sign a COVID-19 Vaccination Attestation Form.**

Full vaccination against COVID-19 provides excellent protection against severe outcomes from the virus and its variants, including Delta. Vaccination also significantly reduces your chances of becoming infected and passing to patients, coworkers, family and friends in our communities.

As the Yukon's only emergency health facilities, Yukon Hospitals has a duty to keep our patients, our people and our community safe. Having a fully vaccinated workforce is our responsibility.

We appreciate and value the special role performed by volunteers in our health system. Choosing to get your COVID-19 vaccinations and annual flu shots will protect the vulnerable people in our care from a volunteer who may be unknowingly contagious.

Please discuss this document with your parents, then sign below (both Parent/Guardian and Teen applicant) and attach to application package. If you have questions regarding this initiative, please contact Gwen Ross, Coordinator, Volunteer Resources at 867-393-8673.

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Teen Applicant signature

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Parent Guardian signature:

**VOLUNTEEN REFERENCE FORM #1**

Attention Applicant: This form is to be completed by one reference either by a professional person or by a person who knows you well (i.e. supervisor, manager, teacher, counsellor, co-worker, family friend over 19 years of age, etc. and must be submitted with your application. This application **may not be completed by a family member or family physician**

I, \_\_\_\_\_ (volunteer applicant's full name – please print), give permission for the person below to provide a reference for me for the purpose of volunteering with the Yukon Hospital Corporation, Whitehorse General Hospital.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This section is to be completed by Referee (PLEASE PRINT). The completed form must be sealed in an envelope by the Referee. This is confidential information that will become part of the applicant's volunteer file. Please seal this reference in the envelope provided.

Referee's Name (First and Last): \_\_\_\_\_

Telephone: (Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

In what capacity do you know the applicant? \_\_\_\_\_

\_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Why would you recommend that this applicant volunteer in a health care setting?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe the reliability of the applicant. (Does he/she show up on time? Is he/she able to follow through with commitments?)

\_\_\_\_\_

\_\_\_\_\_

Please describe how the applicant works with others:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any reason you can give why the applicant should not volunteer in a health care setting?

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Is there any reason you can give why the applicant should not volunteer with vulnerable seniors/clients or should not be entrusted with monies/other resources?

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Is there any other information that you would like to share with us?

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Referee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*\*Note: Volunteer Resources will contact the Referee for additional information, if necessary\*\****

Please seal the completed form in the envelope provided, sign the seal, and return it to the applicant.

They will attach this form to their VolunTEEN application.

**VOLUNTEEN REFERENCE FORM #2**

Attention Applicant: This form is to be completed by one reference either by a professional person or by a person who knows you well (i.e. supervisor, manager, teacher, counsellor, co-worker, family friend over 19 years of age, etc. and must be submitted with your application. This application **may not be completed by a family member or family physician**

I, \_\_\_\_\_ (volunteer applicant's full name – please print), give permission for the person below to provide a reference for me for the purpose of volunteering with the Yukon Hospital Corporation, Whitehorse General Hospital.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This section is to be completed by Referee (PLEASE PRINT). The completed form must be sealed in an envelope by the Referee. This is confidential information that will become part of the applicant's volunteer file. Please seal this reference in the envelope provided.

Referee's Name (First and Last): \_\_\_\_\_

Telephone: (Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

In what capacity do you know the applicant? \_\_\_\_\_

\_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Why would you recommend that this applicant volunteer in a health care setting?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe the reliability of the applicant. (Does he/she show up on time? Is he/she able to follow through with commitments?)

\_\_\_\_\_

\_\_\_\_\_

Please describe how the applicant works with others:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any reason you can give why the applicant should not volunteer in a health care setting?

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Is there any reason you can give why the applicant should not volunteer with vulnerable seniors/clients or should not be entrusted with monies/other resources?

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Is there any other information that you would like to share with us?

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Referee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*\*Note: Volunteer Resources will contact the Referee for additional information, if necessary\*\****

Please seal the completed form in the envelope provided, sign the seal and return it to the applicant.

They will attach this form to their VolunTEEN application.

**VULNERABLE SECTOR/CRIMINAL RECORD CHECK REQUEST LETTER****YUKON HOSPITAL CORPORATION – VOLUNTEER SERVICES**

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

**Dear RCMP Detachment Staff:**

\_\_\_\_\_ has applied to volunteer with the Yukon Hospital Corporation at Whitehorse General Hospital.

YHC (Volunteer Services) is requesting that the bearer of this letter be screened through the Vulnerable Sector Security Clearance process for the purpose of volunteering in the hospital.

Should you have any questions, please contact me directly.

**Sincerely,****Gwen Ross**

Coordinator, Volunteer Services & Patient Support  
Yukon Hospital Corporation  
5 Hospital Road  
Whitehorse, YT, Y1A 3H7  
Direct Phone: (867) 393-8673  
Email: [Gwen.Ross@wgh.yk.ca](mailto:Gwen.Ross@wgh.yk.ca)

**Note:** You will need to go in person to your local RCMP or police station and fill in the Criminal Record Check form (including the vulnerable sector section) in order to allow you to volunteer with Yukon Hospitals. Please be sure to bring two pieces of I.D. Please submit this form to the RCMP as soon as possible, as it can take up to 2 weeks to receive back. It must be returned with your application package. There is no cost for this service.

## IMPORTANT INFORMATION REGARDING IMMUNIZATIONS

### **YUKON HOSPITAL CORPORATION**

### **VOLUNTEER SERVICES**

Thank you for applying to volunteer with the Yukon Hospital Corporation at Whitehorse General Hospital! YHC (Volunteer Services) requires that you undergo screening for Tuberculosis and update your required immunizations.

As per hospital policy (*Communicable Disease OHS 060*), we require specifically that your MMR (Measles, Mumps & Rubella) & TDAP (Tetanus, Diphtheria, Pertussis) and Varicella immunizations are updated or deemed immune per the vaccine program. Depending on your country of origin, you may require other immunization updates

This can be completed at the **Whitehorse Health Centre** (please phone to make an appointment **867-667-8864**). The Health Nurse will review your immunization history and go over your needs with you, including documentation to verify that you have been recently screened for TB. Prior to your first day as a volunteer, please visit your local Health Center to verify that all of your immunizations are up to date.

**\*\*Please ask your health care provider to complete the chart below and return to me prior to your first day as a volunteer.** If you are from out of the Territory, or are unable to access your immunization history, you will need to speak to your health care provider about obtaining these records. This can be done with assistance from the Whitehorse Health Center.

**Name of Applicant:** \_\_\_\_\_

| <b>IMMUNIZATION HISTORY – TO BE COMPLETED BY HEALTH NURSE</b> |                             |                        |                                  |
|---------------------------------------------------------------|-----------------------------|------------------------|----------------------------------|
| <b>IMMUNIZATION</b>                                           | <b>UP TO DATE OR IMMUNE</b> | <b>NURSE INITIALS</b>  | <b>OTHER COMMENTS</b>            |
| MMR                                                           |                             |                        |                                  |
| TdAP                                                          |                             |                        |                                  |
| VARICELLA                                                     |                             |                        |                                  |
| TB SCREENING                                                  | NO EVIDENCE OF ACTIVE TB    |                        | CLIENT ALSO PROVIDED WITH LETTER |
| <b>DATE FORM COMPLETED:</b>                                   |                             | <b>RN's SIGNATURE:</b> |                                  |

Should you have any questions, or require any further information, please contact:

#### **Gwen Ross**

Coordinator, Volunteer Services & Patient Support  
 Yukon Hospital Corporation  
 5 Hospital Road  
 Whitehorse, YT, Y1A 3H7  
 Direct Phone: (867) 393-8673  
 Email: [Gwen.Ross@wgh.yk.ca](mailto:Gwen.Ross@wgh.yk.ca)



**COVID-19 Employee/Privileged Staff Vaccination Attestation Form****Deadline for submission 4:00 pm October 29<sup>th</sup>, 2021****Complete and submit to your Manager/Chief of Staff**

I \_\_\_\_\_, as of today \_\_\_\_\_  
(Print First/Last Name) (dd/mm/yyyy)

Select and check which applies:

- ☐ A) Have received two doses of the COVID-19 vaccine  
☐ B) Have received one dose of the COVID-19 vaccine

If B) please indicate that:

☐ I understand that by 4:00 pm on November 26<sup>th</sup>, I am required to submit an updated attestation form indicating that I have received two doses of the COVID-19 vaccine in order to meet the Yukon Hospital Corporation requirements for vaccination as set forth in *YHC's Required Vaccination Policy OHS-200*

I \_\_\_\_\_ attest that the information provided on this form is  
(Print First/Last Name)

accurate and that I understand that any misrepresentation of vaccine status may result in immediate termination of employment/loss privileges with Yukon Hospital Corporation.

YHC reserves the right to require proof of vaccination status.

| October 29 <sup>th</sup> , 2021 | November 26 <sup>th</sup> , 2021 (if applicable) |
|---------------------------------|--------------------------------------------------|
| Signature:                      |                                                  |
| Date:                           |                                                  |