

# Volunteer Services Application Package



**BC Cancer Agency**

CARE + RESEARCH

*An agency of the Provincial Health Services Authority*

**Sindi Ahluwalia Hawkins  
Centre for the Southern Interior**





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## **VOLUNTEER SERVICES – An Overview**

The primary role of a volunteer at the Centre for the Southern Interior (CSI) is to enhance the experience of patients, their family members and friends during their cancer treatment journey. Volunteers contribute to the overall effort of providing comfort and encouragement.

Throughout the Centre, volunteers can be found greeting patients, assisting them to the location of their appointment or treatment, providing comforts such as a beverage, a warm blanket or friendly conversation. They offer assistance to complete forms and some have taken additional training to help patients achieve a deep level of relaxation or to provide one-to-one support.

The application process to become a volunteer at CSI begins with the application form (attached here) and then includes an interview and reference checks. Successful applicants will have good listening skills and a desire to make a difference for people experiencing cancer. That volunteers not be in active treatment themselves is recommended as a general guideline. With few exceptions, successful applicants are required to complete the orientation training for new volunteers and as a general rule, new volunteers begin their involvement with CSI as a Wayfinder.

Volunteer Orientation and Training is offered twice annually, free of charge, to men and women 18 years of age and older. Volunteer Opportunities exist between the hours of 8:00 AM and 5:00 PM, Monday through Friday, however, special event volunteering takes place outside of these time lines throughout the year.

The following are established programs in which people volunteer. New initiatives are always being developed.

### ***The Wayfinders Program***

- Wayfinders welcome patients and their family to the facility and escort them to the location of their appointment or treatment.
- Assist with the lending of materials (books, videos, brochures) from the Cancer Information Centre (CIC)
- Assist patients with the completion of paperwork when language or vision issues compromise the patient's ability
- Travel to all of the waiting areas with the beverage trolley to offer refreshments, newspapers, magazines etc.
- Two volunteers per shift cover 3 shifts per day: 8:00 – 11:00 AM, 11:00 AM – 2:00 PM, 2:00 – 5:00 PM
- Volunteers can sign up for regularly scheduled shifts or substitute as needed
- With few exceptions, volunteers begin their involvement as a Wayfinder

### ***The Chemo Treatment Room Program***

- Volunteers provide support, comfort or a listening ear to patients receiving chemotherapy
- Serve beverages and soup
- One volunteer per shift covers 2 shifts per day: 8:30 AM – 12:30 PM, 12:30 PM – 4:00 PM
- Prerequisite: 3 months service as Wayfinder and Orientation Training to Chemo Treatment Room
- Volunteers can sign up for regularly scheduled shifts or substitute as needed

### ***The Relaxation Group Program***

- Volunteers assist counselling staff at patient and family relaxation sessions
- Prerequisite: 3 month services as Wayfinder and Therapeutic Touch Training offered by Patient and Family Counselling
- Four to six volunteers per shift cover 1 session per week: Wednesdays, 9:30 – 11:30 AM

### ***The One-To-One Support Program***

- Volunteers provide time limited individual support to patients and families
- Prerequisite: 3 months service as a Wayfinder and One-To-One Orientation Training, provision of a satisfactory driver's abstract and valid driver's license



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***The Ambulatory Care Unit (ACU) Program***

- Volunteers assist to greet patients to the various Clinics conducted in the Ambulatory Care Unit
- Escort patients to the exam room
- One volunteer per shift covers 2 shifts per day: 8:30 AM – 12:30 PM, 12:30 PM – 4:30 PM
- Prerequisite: 3 months service as a Wayfinder and Orientation Training to Clinic
- Volunteers can sign up for regularly scheduled shifts or serve as a “spare”

***The Chemo Teach Program***

- Volunteers assist nurses with an educational presentation about chemotherapy, offer refreshments and talk about how volunteers support patients during chemotherapy

***The Music in the Foyer Program***

- Volunteer musicians play the grand piano in the upper foyer during the lunch hour

***The Brain Tumour Support Group Program***

***Living With Cancer Support Group Program***

***Therapeutic Touch Clinic Program***

***Caring Clowns Program***

***Pain and Symptom Management/Palliative Care Program***

***Pharmacy Program***

***Breast Recovery Awareness Group (BRAG)***

***Research Projects***

***Special Events Program***

- From time to time, special events are held both in-house or at other locations in the community.
- These might include an Open House or fund raising events. Volunteers serve many functions for these events according to interest and skill.



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**BC Cancer Agency Volunteer Application Form**

## PART A – Centre

**Please return the completed application form to:**

Administration  
BC Cancer Agency, Sindi Ahluwalia Hawkins Centre for the Southern Interior  
399 Royal Ave  
Kelowna BC  
V1Y 5L3  
250-712-3901 or 1-888-563-7773

## PART B – Personal Information

The following questions provide important contact information for Volunteer Services to be able to contact the applicant. **Please print responses neatly.**

Mr    Mrs    Ms    Miss (circle one)

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

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Birth date: Month \_\_\_\_\_ Date \_\_\_\_\_ ie: Month: August Date: 12<sup>th</sup>

Please circle the situation that best describes you:

Student FT    Student PT    Employed FT    Employed PT    Retired    Not Working

How did you hear about this opportunity? (please circle)

News Media    Friend    Current Volunteer    Past Patient    Care giver of patient

Other \_\_\_\_\_

### PART C – Getting To Know You

The following questions are designed for Volunteer Services to get to know those applying to become a volunteer. If you require additional space please add a separate sheet of paper for your responses.

Responses may be printed in point-form or full sentences.

1. Why do you wish to volunteer at the BC Cancer Agency?

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2. What is your connection to cancer?

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3. Please describe your current/recent volunteer experience.

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4. Please describe your current/recent employment and or scholastic plans.

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5. What do you hope to achieve by becoming a BCCA volunteer?

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**Please check up to 4 boxes indicating skills/abilities that you think are your strongest:**

- Enjoy Learning
- Listening
- Problem Solving
- Self-directed
- Detail Oriented
- Word processing
- Desktop publishing
- Marketing
- Initiating Change
- Initiating Conversation
- Training/Teaching
- Observant
- Prioritizing
- Writing
- Database management
- Fundraising
- Building Relationships
- Friendly/Outgoing
- Service Oriented
- Organizing
- Editing
- Data Entry
- Event Planning
- Sales / Cash handling

**Please check up to three boxes to indicate your work environment preferences:**

- Routine environment
- Flexible environment
- Work with a team
- Work independently
- Work with patients/families
- Work with staff

### PART D – Shift Availability

Please indicate with an "x" in each applicable square your current availability. Shifts are designed to support the centre hours of operation and specific shift times are dependant of the volunteer role.

**Note: The centres are NOT OPEN evenings, nor weekends.**

	MORNING 8AM-11AM	MID DAY 11AM-2PM	AFTERNOON 2PM-5PM
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			

### PART E – References

Please list three people, (**preferably not relatives**), that we can contact to verify information regarding your application. **If you are currently working a work related reference is required.**

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_
2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_
3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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

THIS SPACE FOR OFFICE USE ONLY

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

Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

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

Please complete the application fully and sign on the next page.

## PART F - Declaration

Please read the following information carefully before submitting your application to Volunteer Services.

- I declare that all of the information I have provided in the volunteer application form, and in any other documents which accompany, is complete and true in every respect.
- I understand that any failure to completely and truthfully answer the questions asked of me, when discovered, will constitute grounds for immediate rejection of my application. If I am accepted as a volunteer and it is subsequently determined that I failed to completely and truly answer the questions asked, I understand that this will constitute sufficient grounds for my dismissal for just cause.
- I hereby authorize Volunteer Services to conduct a personal investigation inclusive of a Criminal Records Search (required for certain positions) in connection to my application.
- I give permission for Volunteer Services to contact any references or prior employers given in conjunction with this application to secure information relevant to my application.
- I understand that confidential reference reports and personal information which become part of this application will be regarded as confidential pursuant to the ***Freedom of Information and Protection of Privacy Act***.
- I hereby consent to and authorize Volunteer Services to provide reference information on behalf of the undersigned to potential employers on request without liability on their part for such disclosure in the event of my successful application and subsequent departure from a volunteer role.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## BC Cancer Agency Volunteer Services

The Volunteer Services Department of BC Cancer Agency is covered by the ***Freedom of Information and Protection of Privacy Act***.

Personal information is collected by the Program only insofar as it relates directly to and is necessary for the operating programs or activities of the volunteer program. The personal information collected as a result of your application to volunteer is collected in order to assess your suitability to assume the volunteer duties of the position for which you have applied. It is collected under the authority given to health care institutions to ensure that prospective volunteers have the qualifications and abilities required for the volunteer role for which they have applied.

Volunteer Services will make every effort to ensure that the personal information we use to make any decisions that directly affect you will be accurate and complete. We will retain such information for at least one year after using it so that you have a reasonable opportunity to obtain access to it.

If you have any questions about the collection and use of this personal information, you may direct them to: Human Resources Office, BC Cancer Agency, 600 West 10<sup>th</sup> Avenue, Vancouver, BC V5Z 4E6 or phone 604-877-6000 ext.672335.