



SPIRITUAL HEALTH CARE VOLUNTEER - APPLICATION FORM

NAME

ADDRESS

HOME PH. CELL PH.

EMAIL

IERHA VOLUNTEER APPLICATION FORM COMPLETED Yes No

Language(s) Understood

Language(s) Spoken

Are there any conditions, which would prevent you from working with a client?

None Some - Please Specify

Please indicate the Community Health Site you are interested in volunteering at:

Community Site(s)/Program(s)

What is your preferred area of service

- 1. Acute Care/Hospital
- 2. Long Term Care/Personal Care Home
- 3. Acute Care **and** LTC/PCH

Please check () the time periods you are able to volunteer

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Can you usually volunteer on the same day every week? Yes No

Are you available on short notice for unscheduled extra hours? Yes No

Are you able to get to the volunteer site easily? Yes No

Education in spiritual care:

Previous related experience:

Give a short spiritual history of yourself (significant spiritual experience in childhood, youth, early adult, maturity...)

1. Describe what motivates you to volunteer for Spiritual Health Services (i.e. academic credit, employment experience, explore careers, help others, stay active & involved).

2. What do you see as your primary role with the person (patient/resident/client)?

3. Describe a time when you turned to someone for help or support (need not have been a professional) and describe how it felt to approach this person.

4. What was most helpful?

5. What are the strengths that you bring to your volunteer work?

6. In what areas do you see yourself as needing support?

7. How would your best friend describe you?

8. Describe a spiritual practice that you use personally:

9. How would you deal with someone who said that they do not believe in "that kind of stuff", or with individuals who simply state that they are atheists?

10. If someone asked you to offer prayer, or tell them why God had done this to them ... how would you respond?

References: Please provide the name and contact information of 3 persons who know you well enough to speak to your skills and qualifications as a spiritual health volunteer.

Name:	Email:	Phone:	Relationship:
Name:	Email:	Phone:	Relationship:
Name:	Email:	Phone:	Relationship:

Volunteer agreement:

I agree/commit to perform my volunteer duties, as outlined in the position description, to the best of my ability. I understand that it is important not to go beyond the responsibilities outlined nor enter boundaries of professional disciplines. I will confine my volunteer activities as defined by the Volunteer Services of IERHA.

Applicant Signature

Date

Please return to:

Ferdinand Funk
Spiritual Health Care Coordinator
Interlake-Eastern RHA
100 Easton Dr.
Selkirk, MB R1A 2M2
Phone# (204) 461-3414 Email: ffunk@ierha.ca

Because this is a position of trust and security, all positions (including volunteers) with the Interlake-Eastern Regional Health Authority are subject to a Criminal Records Check w/ Vulnerable Sector Check, an Adult Abuse Registry Check and a Child Abuse Registry Check.