

CONSENT TO VOLUNTEER

TUBERCULOSIS TEST/IMMUNIZATION RECORD

To Whom It May Concern:

As the parent/legal guardian of _____, I do hereby give my permission for him/her to participate in the Volunteer Program at Alexandra Hospital, Ingersoll (AHI)/Tillsonburg District Memorial Hospital (TDMH). As a member of the Volunteer Program, I understand that my child will be required to:

1. Complete mandatory orientation
2. Undergo a tuberculosis skin test (which will be administered to your child at no cost)
3. Provide a copy of their immunizations and/or complete an immunity screening blood test
4. Follow the Hospital dress code requirements
5. Wear the Hospital identification badge at all times while on premises
6. Volunteer a minimum of one shift bi-weekly. Day time shifts available as well.
7. Maintain a high standard of conduct
8. Comply with visitor and patient confidentiality policies
9. Observe all Alexandra Hospital policies and procedures as well as rules and regulations

Tuberculosis Test/Immunization Record

The Ontario Hospital Association has requested that all Volunteers have a tuberculin skin test. All volunteers shall provide AHI/TDMH with a copy of their immunization record for measles, mumps, rubella, chicken pox, tetanus and hepatitis B or will complete an immunity screening blood test.

All **NEW** Volunteers must have a two-step tuberculosis test. We do have the capacity at AHI & TDMH to perform these tests. Students can contact our Employee Health & Wellness Nurse at OccHealth@rrhs.ca to schedule an appointment if they are a successful candidate to the Volunteer Program. For those who produce a positive skin test, written documentation of a recent chest x-ray must be provided.

If the Volunteer is requesting to make arrangements with their own family physician; they must give us written documentation of a negative **two step test**, before they can commence your volunteer duties.

General Orientation time and date TBD. **Orientation attendance is MANDATORY. If the Volunteer does not attend or leaves early, they will not be permitted to volunteer at the hospital this year. (This also includes past volunteers)**

If you have any questions, please feel free to call (519) 485-1700 ext. 8234 or 519-842-3611 ext. 8234 between the hours of 8:00 am and 3:30 pm, Monday through Friday.

I understand that my child's failure to abide by any of the above Volunteer Program rules and regulations will disqualify him/her from further participation in the program.

CONSENT:
(If under 18 years of age)

Signature of parent/legal guardian