

COVID-19 Volunteer Screening

A volunteer pool is being created to provide support to Manitoba's health care system as our health care workers respond to COVID-19.

Across our health system, regional health authorities and health care facilities are always looking for qualified volunteers to support our staff and patients.

As a result, the volunteer screening process for the WRHA and Shared Health locations in Winnipeg has temporarily been amended in order to address the need for volunteers in certain areas across our system.

If you are interested in volunteering with the WRHA either in an administrative capacity or having face-to-face interactions with patients, please complete the initial electronic screening below and we will connect back with you to discuss potential opportunities.

Volunteer opportunities exist across the province. If you are from outside Winnipeg, please contact your Regional Health Authority for more information.

If you have trouble with this form or are not comfortable with an online application please email volunteer@wrha.mb.ca or call 204-787-7247

- 1) Do you have any flu like symptoms including any of the following: fever, cough, shortness of breath, running nose, headache, general weakness or loss of taste or smell?
- 2) Do you live with or had close contact with someone who is ill with fever and/or cough and flu-like symptoms, while not practicing social distancing at home?
- 3) Have you traveled outside of Canada (including to the U.S.) within the last 14 days?
- 4) Have you had close contact with someone who is ill with flu like symptoms who has traveled internationally within the past 14 days? Yes or No) (if yes "please try again 14 days following contact")
- 5) As of March 23, 2020 or later, have you travelled outside the province?
- 6) Are you 18 years of age or older? Yes or No (if no "I'm sorry, we are only accepting adult volunteers at this time")

The remaining questions are for our information and will not disqualify you for a volunteer position, they are simply designed to help us make appropriate assignments and inform you of the potential risks:

- 7) Are you over the age of 60? Yes or No (if "yes" "please note that the World Health Organization has indicated the risk for serious complications related to COVID-19 are higher in those over the age of 60. You may not have direct contact with patients who are ill during your volunteer post but it is important that you acknowledge this risk if you

proceed with an application to volunteer – do you acknowledge that you have read the risk and wish to proceed: y/n”)

8) Do you have a compromised immune system? Yes or No (if yes “please note that the World Health Organization has indicated the risk for serious complications related to COVID-19 are higher in those who have compromised immune systems. You may not have direct contact with patients who are ill during your volunteer post but it is important that you acknowledge this risk if you proceed with an application to volunteer – do you acknowledge that you have read the risk and wish to proceed: y/n”)

9) Do you have past employment or volunteer experience (check all that apply):

- a. In health care
- b. With older adults
- c. With personal health information
- d. With confidential information
- e. With crisis management
- f. Other – please specify

10) Do you have any of the following skills (check all that apply):

- a. Health care
- b. Nursing
- c. Computer
- d. Data entry
- e. Call centre
- f. Administration
- g. Making appointments
- h. Crisis hotlines
- i. Other – please specify

11) For the safety of our clients and patients, only people with current child abuse registry checks in place will be permitted to occupy positions supporting children in our system. Are you able to supply us with a valid (within the last six months) child abuse registry check? (y/n)

12) What area of the city would you be willing to work (check all that apply)?

- a. St. James Assiniboia
- b. Inkster
- c. Downtown
- d. Point Douglas
- e. Seven Oaks
- f. River East
- g. Transcona
- h. St. Boniface
- i. St. Vital
- j. Fort Garry
- k. River Heights
- l. Assiniboine South

13) Please indicate which category of volunteer role you'd prefer:

- a. Patient interaction
- b. No patient interaction.

14) Name

15) Birth year (to determine you are over 18 years of age)

16) Phone number

17) Email address