SUBJECT: VOLUNTARY SERVICE

OBJECTIVE(S)

To encourage candidates to contribute additional volunteer hours to their community.

PREREQUISITES

None.

INSTRUCTORS/EVALUATORS

Supervisors of the applicable institution and/or program.

REFERENCES AND MATERIALS

- Local Volunteer Bureau
- Community and Social Services Office
- Hospitals/Nursing Homes/Veterinary Hospitals
- Food Banks/Social Service Centres

CONTENT

Volunteer a minimum of 36 hours in a hospital, institution, Veterinary hospital or community program outside of any St. John Ambulance activities.

DURATION

As necessary.

CERTIFICATION

The candidate must complete the required number of hours on their own time, without compensation, and without having the volunteer time count towards St. John Ambulance service.

CERTIFICATION OF SUCCESSFUL COMPLETION OF PROFICIENCY SUBJECT

VOLUNTARY SERVICE

Instructors/Evaluators should carefully consider the age, ability and accessibility to resource materials of each candidate.

The candidate has completed the above content and meets the requirements to th satisfaction of the Instructor/Evaluator. Name of Instructor/Evaluator:	
Address:	Tel #:
Instructor qualifications:	
I certify that	
	of (Division #)
(candidate's name)	(Division #)
mosts the criteria of this proficionary subject	ect, as laid out on the previous page(s).
meets the criteria of this proficiency subje	et, us laid out on the previous page(s).
Instructor/Evaluator (signature)	