

**Volunteer Assignment Description  
 Sturgeon Community Hospital**

<b>General Information</b>		
Category SHAVA Board	Activity Report Group Board/Auxiliary Member/External Society	Activity Board Director - Treasurer
Site – Department SHAVA/Volunteer Resources	Site Assignment Name Treasurer	
Supervisor Name SHAVA President	Schedule: Minimum commitment of 16-20 hours a month. Shift Time: As Required	
<b>Purpose</b> <i>(Describe the purpose of the assignment and how it contributes to the department.)</i>		
<p><i>Provincial Description</i></p> <p>Directors of an organization registered under the Society's Act whose mandate is to provide service and funds to AHS and work in partnership with Volunteer Resources.</p> <p><i>Site Specific Details</i></p> <ul style="list-style-type: none"> <li>• Ensures the keeping of accurate financial records of SHAVA activities.</li> <li>• Ensures a positive return on all investments.</li> <li>• Prepare bank deposits, GST Returns, any necessary reports for AGLC.</li> <li>• Oversee the weekly counters including preparing their schedules and arranging substitutes when needed.</li> </ul>		
<b>Knowledge, Skills &amp; Abilities</b> <i>(Describe knowledge, skills and abilities that are required to successfully complete this assignment.)</i>		
<p><i>Site Specific Details</i></p> <ul style="list-style-type: none"> <li>• Experience and understanding of financial management/accounting procedures.</li> <li>• Computer experience is essential including Microsoft Excel and Sage 50 Programs.</li> <li>• Assist bookkeeper where necessary (Accounts Payable, prepare cheques).</li> <li>• Good organizational, communication and coordination skills.</li> <li>• Team player and ability to show initiative.</li> <li>• Must be able to read, write and communicate in English.</li> </ul>		
<b>Duties and Responsibilities</b> <i>(Describe the key duties and responsibilities undertaken in this assignment.)</i>		
<p><i>Provincial Description</i></p> <ul style="list-style-type: none"> <li>• Provide overall governance of the organizations.</li> <li>• Attends Board Meetings</li> <li>• Provide assistance within personal area of expertise e.g. financial, administrative etc.</li> </ul> <p><i>Site Specific Details</i></p> <ul style="list-style-type: none"> <li>• Ensures that accurate records of all financial transactions of the Association are kept.</li> <li>• Ensure that all funds are deposited in the Association's bank accounts in a timely manner.</li> </ul>		

- Provides a current financial statement to the Board at its monthly meeting and attend meetings.
- Ensures that inventory of the SHAVA Gift Shop is taken by March 31<sup>st</sup> of each year.
- Submits all books and records to the Association's auditor no later than April 30<sup>th</sup> of each year.
- Provides a financial statement for the Annual General Meeting in June.
- When required, provides a float for any approved Association projects.
- Financial coordination of special projects/events as required by the Board.

**Orientation and Training** (Describe the orientation and training that will be required prior to the volunteer beginning the assignment.)

*Provincial Description*

- General Orientation
- Volunteer Resources orientation
- Volunteer Resources handbook
- Orientation for this placement

**Risk Assessment** (Identify any hazards that are encountered during this assignment)

Hazard	Recommended Action
<i>Site Specific Details</i>	<i>Site Specific Details</i>

**Staff Responsibilities** (Describe the role of Alberta Health Services staff in the department in assisting the volunteer with their assignment.)

*Provincial Description*

- Ensure a security check is undertaken and filed on volunteer's personal file.
- Enter volunteer into Volunteer Impact database.
- Attend Auxiliary meetings as a liaison between facility and Auxiliary group.

**Evaluation** (Describe the criteria used to evaluate if the volunteer is successful in their assignment.)

*Site Specific Details*

**Access** (Describe types of access the volunteer will require for their assignment (i.e., card access, computer log in).

*Site Specific Details*

- AHS picture ID.

**Approval**

Department Representative Name (Print First, Last)	Signature	Date (yyyy-Mon-dd)
Volunteer Name (Print First, Last)	Signature	Date (yyyy-Mon-dd)
Volunteer Resources Coordinator Name (Print First, Last)	Signature	Date (yyyy-Mon-dd)

