



Interior Health COVID-19 Immunizer/Volunteer Request Consent Form

Collecting your personal information:

This form is intended for adult citizens who are expressing interest in volunteering at one or more of the Interior Health COVID-19 Immunization Clinics, you will need to provide the following personal information:

- First name
- Last name
- Email address
- Phone number(s)

We collect, use and share your personal information under the primary authority of the BC *Freedom of Information and Protection of Privacy Act* ("FIPPA") and the Public Health Act.

How will my personal information be used?

Your personal contact information will be collected so that Public Health can contact you and discuss your application. This will help determine if you are able to assist as an immunizer or volunteer at one or more of the Interior Health COVID-19 Immunization Clinics.

Who will have access to my personal information?

The Interior Health Public Health team assisting with planning and set-up of the Interior Health COVID-19 Immunization Clinics

Where will my personal information be stored?

Your personal information will be stored on secure servers located in Canada.

How long will my personal information be stored?

The personal information you provide will be stored for 8 months. After 8 months it will be removed from the servers.

For More Information

If you have any questions about this the information above or the protection of your personal information, please contact the Interior Health Information Privacy Office at ihprivacy@interiorhealth.ca.