

1200 Dufferin Crescent,
Nanaimo, BC V9S 2B7
Phone: 250-585-0409



VOLUNTEER APPLICATION FORM

Personal Information:

Full Name: (Mr. Mrs. Ms. Miss) _____

Street Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

In case of emergency, contact:

Name: _____ Relationship: _____ Phone: _____

Nanaimo Hospital Auxiliary Requirements:

The Nanaimo Hospital Auxiliary is a 100% volunteer based fundraising organization and is a registered charity that encourages the following attributions from every member: honesty, integrity, reliability, punctuality, accountability, cleanliness, tidiness, respect of self and others, cheerful and willing attitude, and a willingness to have a good time.

Please indicate which of the following Auxiliary opportunities that are of interest to you?

Thrift Store Gift Shop Craft Workparty Board of Directors

Interests and Abilities:

Please list any hobbies, skills, interests and experiences or ideas:

References:

Please provide two references (not relatives): *(Please inform your references that they will be contacted)*

(Please Print)

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

How did you hear about the Hospital Auxiliary?
Volunteer Experience:
Work Experience:

Do you have any health issues that you wish to make us aware of?

Time Availability: (Please check)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							

"I _____ (**Print your name**) confirm that the information in this volunteer application is complete and true. I understand and agree that any omission or misrepresentation with respect to the information given may be cause for refusal of volunteer placement, or if I am a volunteer, may be cause for immediate termination.

I understand that a Criminal Record Check may be required.

I understand that from time to time, pictures may be taken for publicity and display purposes. I hereby authorize the Nanaimo Hospital Auxiliary to publish the photographs taken of me, and my name, for use in printed publications and website content.

I authorize the Nanaimo Hospital Auxiliary to contact the references listed and give permission to these references to release all relevant information requested.

I understand that I must pay annual dues, if any. An annual membership fee is not currently required, but continued active participation in any of the Auxiliary opportunities will be required to maintain membership status.

I understand, and give permission for the Nanaimo Hospital Auxiliary to keep a record of my personal information and that it will remain confidential to the Nanaimo Hospital Auxiliary. I understand that this information may be disclosed to any party with legal and proper interest, and I release the Nanaimo Hospital Auxiliary from any liability whatsoever for supplying such information.

I will honour my commitment as a volunteer and provide adequate notice of my absences.

I will abide by the bylaws, policies and procedures of the Nanaimo Hospital Auxiliary and promise to serve our community without regard for race, religion, political views and without benefit to personal interests."

Signature: _____ **Date** _____

Signature of parent or guardian if applicant is under 19: _____

Auxiliary Use Only:		
Rec'd Date:	Approved Date:	Approved By:
Comments / Notes:		