

# Membership Application

PLEASE PRINT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONES: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

What volunteer organizations have you recently belonged to?

\_\_\_\_\_

What hospital volunteer work have you done?

\_\_\_\_\_

<p style="text-align: center;"><b>WEEKLY AVAILABILITY</b></p> <p>Which days can you volunteer? Mornings? Afternoons? Evening?</p> <p>_____</p> <p>_____</p> <p>Are you available weekends? _____</p>	<p>DO YOU HAVE EXPERIENCE IN ANY OF THE FOLLOWING AREAS:</p> <p style="text-align: center;"><b>RETAIL</b></p> <p>Customer service _____ Buying _____ Pricing _____</p> <p>Stock management _____ Ticket sales _____ Selling _____</p> <p>Administration _____ Management _____ Display _____</p> <p style="text-align: center;"><b>HANDCRAFTS</b></p> <p>Knitting _____ Handwork _____ Baking _____</p> <p>Making crafts _____ Sewing _____</p> <p>OTHER: _____</p>
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I REALIZE THAT the purpose of The Auxiliary is to promote the welfare of the Victoria General Hospital, through service to the Hospital and its patients by fund-raising, as well as the encouragement of good public relations between Victoria General Hospital and the public, in accordance with Hospital policy.

I UNDERSTAND THAT action taken by a member which is deemed harmful or detrimental to the operation of The Auxiliary, to its fund-raising efforts, to another person, to The Hospital, or to The Vancouver Island Health Authority will be cause for expulsion.

I AM AWARE THAT The Auxiliary Privacy Policy dictates that only members in good standing be privy to the information in the mailing list. The mailing list and other Auxiliary information and patient information shall remain totally confidential.

I WISH TO BECOME A MEMBER OF THE VICTORIA GENERAL AUXILIARY.

I HAVE COMPLETED THIS FORM CORRECTLY AND COMPLETELY.

I HAVE READ THE ABOVE CONDITIONS AND AGREE TO COMPLY WITH ALL THE INFORMATION HEREIN.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

DUES RECEIVED: \$ \_\_\_\_\_ details:

**Please note: Volunteering in the shop requires a commitment and a willingness to regularly volunteer on weekends and evenings to start. Please be sure to ask the Membership Convenor for your hospital layout graphic, information on acquiring your photo ID, the welcome letter, and the constitution. If you do not have recent relevant volunteer experience, please bring 2 pertinent letters of reference to the following meeting. If your application is accepted, you will receive the parking pass application form and current membership list at that following meeting. WELCOME!**

2016-09-30

