

Membership Application

victoria general hospital

AUXILIARY

www.vgha.ca

info@vgha.ca



island health

PLEASE PRINT

NAME: _____

ADDRESS: _____

PHONES: _____ EMAIL ADDRESS: _____ POSTAL CODE: _____

What volunteer organizations have you recently belonged to?

What hospital volunteer work have you done?

Why do you want to join? _____

WEEKLY AVAILABILITY	DO YOU HAVE EXPERIENCE IN ANY OF THE FOLLOWING AREAS:		
Which days can you volunteer? Mornings? Afternoons? Evening?	RETAIL		
_____	Customer service _____	Buying _____	Pricing _____
_____	Stock management _____	Ticket sales _____	Selling _____
_____	Administration _____	Management _____	Display _____
Are you available weekends? _____	HANDCRAFTS		
	Knitting _____	Handwork _____	Baking _____
	Making crafts _____	Sewing _____	
	OTHER: _____		

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 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!

2015-06-19