



MEMBERSHIP APPLICATION

PLEASE PRINT

Personal information:

Full Name: _____

Full Street Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact (name/relationship/phone number): _____

About the Victoria General Hospital Auxiliary:

The Victoria General Hospital Auxiliary is a fundraising organization and is a registered charity. The purpose of The Auxiliary is to promote the welfare of the Victoria General Hospital, through service to the Hospital and its patients by fundraising, as well as the encouragement of good public relations between Victoria General Hospital and the public, in accordance with Hospital policy.

Previous work experience/volunteer experience/Interests/Abilities:

Time Availability (please indicate day(s) available and preferred shift, e.g. morning, afternoon, evening)

Criminal Record Check (CRC) and References:

Please attach a CRC* and provide two references (not relatives) and inform them they will be contacted.

Name/Phone/Email: _____

Name/Phone/Email: _____

"I, _____ (print your name) understand, and give permission for the Victoria General Hospital Auxiliary to keep a record of my personal information and that it will remain confidential to the Victoria General Hospital Auxiliary.

*I give permission for the Victoria General Hospital Auxiliary to perform a Criminal Records Check.

I give permission for the Victoria General Hospital Auxiliary to take my photograph for photo identification purposes and acknowledge that pictures may be taken from time to time for display and publicity purposes.

I understand that annual fees of \$5.00/year are payable by March 31st.

I will honour my commitment as an Auxiliary member and provide adequate notice of my absences.

I will abide by the Bylaws, Policies and Procedures of the Victoria General Hospital Auxiliary.

I will abide by Island Health's Policies for Volunteers which include Respectful Workplace; Confidential Information; and Standards of Conduct."

Signature: _____ Date: _____

Auxiliary Use Only:

Date Received: _____