

475 Guildford Way,  
Port Moody, B. C. V3H W9  
Gift Shop Phone: 604-461-2022



## JUNIOR MEMBER VOLUNTEER APPLICATION FORM

### Personal Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

### Eagle Ridge Hospital Auxiliary Requirements:

Eagle Ridge Hospital Auxiliary is a 100% volunteer based fundraising organization and is a registered charity that encourages the following contributions from every member: honesty, integrity, reliability, punctuality, accountability, cleanliness, tidiness, respect of self and others, cheerful and willing attitude, willingness to have a good time within these guidelines and smiles, smiles, smiles. An annual \$10.00 non-refundable membership fee is required.

Why are you interested in volunteering with Eagle Ridge Hospital Auxiliary and what teams are of interest to you?

GIFT SHOP, WEEKEND COFFEE PROGRAM, ERHA THRIFT SHOP, SPRING TEA TEAM, CATERING TEAM, BAKING TEAM, CRAFT/BAZAAR TEAM

### Interests and Abilities:

List any hobbies, skills, interests and experiences you wish to share with us:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Parent/Legal Guardian Consent:

I, \_\_\_\_\_ (Print your name) grant my child, \_\_\_\_\_ (Print child's name)

permission to participate in a volunteer program with Eagle Ridge Hospital Auxiliary.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Sponsorship Consent:

I, \_\_\_\_\_ (Print your name) a current and Regular Member of Eagle Ridge Hospital Auxiliary agree to sponsor \_\_\_\_\_ (Print applicants name) accompany and volunteer with him/her at all Auxiliary events for which he/she volunteers.

Signature of Sponsor: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_