

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



REGULAR MEMBER  
VOLUNTEER  
APPLICATION FORM

**Personal Information:**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Birth date \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**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.

Please indicate with an "x" which of the following Teams within Eagle Ridge Hospital Auxiliary that are of interest to you?

- |  |   |
|--|---|
| <input type="radio"/> GIFT SHOP TEAM         | <input type="radio"/> CATERING TEAM         |
| <input type="radio"/> WEEKEND COFFEE PROGRAM | <input type="radio"/> BAKING TEAM           |
| <input type="radio"/> ERHA THRIFT SHOP       | <input type="radio"/> CRAFT/BAZAAR TEAM     |
| <input type="radio"/> SPRING TEA TEAM        | <input type="radio"/> KNITTING/CROCHET TEAM |
| <input type="radio"/> RAFFLE TEAM            | <input type="radio"/> USED BOOK TEAM        |

**Interests and Abilities:**

Please list any hobbies, skills, interests and experiences or ideas you wish to share with us:

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

**References:**

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

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**In case of emergency, contact:**

Name: \_\_\_\_\_ Tel. \_\_\_\_\_ Cell \_\_\_\_\_

Please indicate where you heard about Eagle Ridge Hospital Auxiliary: \_\_\_\_\_

\_\_\_\_\_

Do you have any health issues we should be made aware of? \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_