

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



REGULAR MEMBER
TEEN VOLUNTEER
APPLICATION FORM

Personal Information:

Last Name: _____ First Name: _____ Date of Birth _____

Address _____

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. A minimum of 6 volunteer hours per month are mandatory to maintain active membership and a \$10.00 annual non-refundable membership fee is required.

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

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

Interests and Abilities:

List any hobbies, skills, interests and experiences you wish to share with us and also what career direction you are planning at this time:

Teacher Recommendations: How well does this applicant demonstrate the above requirements?

Teacher Name: _____ Email: _____

Comments: _____

Teacher Name: _____ Email: _____

Comments: _____

Parent/Legal Guardian Consent:

I, _____ (Print your name) grant my child, _____ (Print applicant's name)

permission to participate with a volunteer Team with Eagle Ridge Hospital Auxiliary. Date: _____

Signature of Parent/Guardian: _____ Tel: (In case of emergency) _____

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

Signature of Applicant: _____ Date: _____