

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



**JUNIOR MEMBER  
VOLUNTEER  
APPLICATION FORM  
10-15 YEARS OF AGE**

**Personal Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth(MM/DD/YYYY) \_\_\_\_\_

Address \_\_\_\_\_

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

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

Date:(MM/DD/YYYY)

**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.

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

GIFT SHOP, WEEKEND COFFEE PROGRAM, ERHA THRIFT SHOP, (BAKING/KNITTING/CROCHET/CRAFT/USED BOOK ORGANIZER/HANDLER)

**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:(MM/DD/YYYY) \_\_\_\_\_

**Sponsorship Consent:**

I, \_\_\_\_\_ (Print your name) agree to sponsor \_\_\_\_\_ (Print applicants name)

accompany and volunteer with him/her at all Auxiliary events for which he/she volunteers, until the age of 16.

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

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

Signature of Applicant: \_\_\_\_\_ Date:(MM/DD/YYYY) \_\_\_\_\_

**EAGLE RIDGE HOSPITAL AUXILIARY – “Notification for Collection of Personal information”:**

In accordance with the Personal Information Protection Act of B. C. (hereafter referred to as the “Act”), any personal information collected or requested on this membership application form will be used by Eagle Ridge Hospital Auxiliary (hereafter referred to as the “Auxiliary”) only for the purposes of:

- a) Maintaining a list of members of the Auxiliary as required by the Societies Act
- b) Maintaining a mail and/or email distribution list for the purpose of communicating Auxiliary activities.
- c) Maintaining a membership list to be given out to executive and volunteer position holders of the Auxiliary, and to other members of the Auxiliary as deemed reasonable and/or necessary by the Membership Convenor.

Personal information collected will not be disclosed to any Auxiliary member or third party without consent.

By completing and returning this membership application form and giving your written signature below, you are consenting to the collection of the personal information in this form for the purposes described above.

\_\_\_\_\_  
Signature

I consent to the use of my name and/or photos of myself in any Auxiliary publications or advertising.

\_\_\_\_\_  
Signature