

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



TEEN VOLUNTEER  
APPLICATION FORM  
16-18 YEARS OF AGE

**Personal Information:**

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

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.

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

Why are you interested in volunteering with Eagle Ridge Hospital Auxiliary and what areas 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:(MM/DD/YYYY) \_\_\_\_\_ 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:(MM/DD/YYYY) \_\_\_\_\_

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