

475 Guildford Way
Port Moody,
B.C., V3H 3W9



**VOLUNTEER
APPLICATION FORM
Under 19**

Personal Information

Last Name		First Name	
Address		City	
Postal Code		Date of Birth (MM/DD/YYYY)	
Telephone #		Cell Phone #	
Email:			

Please indicate if you would like to volunteer at:

Gift Shop

Thrift Shop

What day(s) can you volunteer?
(Thrift Shop only). Do you prefer morning or afternoon shifts?

Interests and Skills

Please list any work experience you wish to share with us

Parent/Legal Guardian Consent

I (Print name), grant my child, (Print Name)

Permission to participate as a volunteer with the Eagle Ridge Hospital Auxiliary.

Signature of Parent/Guardian

Date

Signature of Applicant

Date



Eagle Ridge Hospital Auxiliary- Code of Conduct Agreement.

Volunteers should maintain the highest standards of behaviour in the performance of their duties with the Eagle Ridge Hospital Auxiliary by conducting themselves as follows:

- ❖ Be inclusive.
 - Volunteers of all ethnicities, genders, religious beliefs, educational levels and social class, are welcome in our Auxiliary.
- ❖ Be considerate.
 - Your actions and words will affect your fellow Volunteers and Customers. Take these into consideration when making decisions.
- ❖ Be patient, courteous, and respectful.
 - We will all experience frustration at some time, but we cannot allow that to turn into personal attacks on other Volunteers or Customers.
 - Do not engage in any activity that may cause physical or mental harm or distress to another Volunteer or Customer.
 - Keep confidential matters confidential.
- ❖ Communicate respectfully.
 - Always conduct yourself professionally. Think what effect your words may have on others. Be kind.
- ❖ Do not harass others.
 - Recognize that your actions may be viewed differently by others. Try and understand why and endeavour to resolve disagreements and differing views constructively.
- ❖ Recognize our differences can make our Organization stronger.
 - Different perspectives can be valuable for solving issues. There are times when no one is right or wrong. Accept the decision that is made and work gracefully with it.

This Code of Conduct is to define the standards of behaviour expected by the Eagle Ridge Hospital Auxiliary. When a volunteer is found to be in breach of the standards outlined in this Code of Conduct this may result in the volunteer’s position being terminated.

Signature.....

Name (Please print).



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 allocation 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 Auxiliary Executive and Volunteer Position Holders as deemed reasonable and/or necessary by the Membership Chair

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

Name (Please Print)

Eagle Ridge Hospital Auxiliary- Consent to use name &/or photo in Auxiliary publicity.

I consent to the use of my name and/or photos of myself in any Auxiliary related publication, advertising or news article.

Signature.....

Name (Please print)