



POWELL RIVER HEALTH-CARE AUXILIARY

APPLICATION FOR MEMBERSHIP

DATE: _____

LAST NAME: _____ **FIRST NAME:** _____

ADDRESS: _____ **POSTAL CODE:** _____

TELEPHONE: _____ **EMAIL ADDRESS:** _____

SPONSOR'S NAME: (Auxiliary member -Print) _____

BACKGROUND: (Work or Volunteer experience; interests; special skills or hobbies; etc.) _____

LIMITATIONS: Are there any limitations that may affect your volunteer assignment? _____

VOLUNTEER PREFERENCES: Economy Shop () Escort Duty ()
Gift Shop () Red Cross Loan Cupboard () Handcrafts ()

By signing this application form, you agree:

- To performing an online Criminal Records check, at no cost.
- Auxiliary photos may be used for promotional purposes in print or online media.
- It is preferable that an applicant be sponsored by an Auxiliary member. If there is no sponsor, the applicant will provide two letters of recommendation (other than family); one personal and one business or volunteer related. These letters must accompany this application.
- Auxiliary Orientation shall take place prior to start of volunteer work.
- The Auxiliary smock, apron or vest, along with Auxiliary Identification Card, must be worn at all times and at all venues when performing the volunteer duties of this organization.
- Members are expected to volunteer thirty (30) hours of time annually to the Auxiliary.
- All new volunteers shall be subject to a trial period of ninety (90) days following the date that the applicant has been oriented.
- The Executive Committee of the Powell River Health-Care Auxiliary reserves the right to accept or reject any application for membership.

APPLICANT SIGNATURE: _____ **SPONSOR SIGNATURE:** _____

***THIS APPLICATION MUST BE RETURNED TO THE GIFT SHOP BEFORE THE AUXILIARY'S EXECUTIVE MEETING WHICH TAKES PLACE THE LAST MONDAY OF EACH MONTH**