

VOLUNTEER APPLICATION

Date: _____ **Email address:** _____

SURNAME (please print) _____ **GIVEN NAMES: (underline name commonly used)** _____

Mailing Address: _____ Postal Code: _____

Phone No. _____ Work No. _____

Age Group: 19-30 _____ 31-50 _____ 51+ _____

Contact Person: _____ Phone No. _____

Skills or special qualifications you could offer (i.e. accounting/retail/crafts):

➤ **Give two personal references (other than family/relatives)**

Name: _____ Phone No. _____

Name: _____ Phone No. _____

➤ **Do you know anyone in the Auxiliary?**

Name: _____

Criminal Record Check Required: _____

As a volunteer or a member of the Castlegar & District Hospital Auxiliary Society, please indicate your preference(s) for your volunteer activity:

AREA

DAY

_____ Tuesday: _____ Thursday: _____

Contacts:

Pat Jacklin – 250-304-0066 (Secretary)

Rosalie Ingham – 250-365-9720 (President)

CONFIDENTIALITY PLEDGE:

- **WHILE VOLUNTEERING AT THE CASTLEGAR & DISTRICT COMMUNITY HEALTH CENTRE AND/OR TALARICO PLACE, I WILL ABIDE BY THE RULES & REGULATIONS OF THE CASTLEGAR & DISTRICT COMMUNITY HEALTH CENTRE AND TALARICO PLACE.**
- **I UNDERSTAND THAT CONFIDENTIALITY IS TO BE PRESERVED WHILE ON DUTY AND AFTER DUTY HAS ENDED. I SHALL NOT DISCLOSE NAMES OR OTHER KNOWLEDGE LEARNED WHILE ON DUTY.**
- **WHILE VOLUNTEERING AT THE HOSPITAL AUXILIARY TREASURE SHOP (THRIFT STORE) I WILL FOLLOW THE POLICIES AND THE REGULATIONS AS SET OUT BY THE EXECUTIVE/DIRECTORS AND CONSULT WITH MY TEAM LEADER/CONVENER. CONFIDENTIALITY OF INTERNAL OPERATIONS OF THE HOSPITAL AUXILIARY TREASURE SHOP AND THE BUSINESS OF THE SOCIETY IS OF THE UTMOST IMPORTANCE.**
- **I UNDERSTAND THAT DUE TO RISK MANAGEMENT THERE ARE SECURITY CAMERAS IN PLACE FOR THE SAFETY OF THE VOLUNTEERS AND CUSTOMERS.**
- **I WILL WORK WITH THE VOLUNTEERS AND HELP IN WHAT AREAS THAT I CAN.**
- **I WILL BE HELPFUL TO CUSTOMERS AND TREAT THEM WITH RESPECT.**

I have read and understood the importance of confidentiality and the importance of volunteering for Health Care in our Castlegar Community.

We welcome people in our community to join the Society!

Your application will be reviewed by the Board of Directors at their Board meeting. Once approved by the Board you will complete a 3 month orientation period.

_____ **Signed**

_____ **Date**

If the above rules are not followed, there may be room for dismissal of a volunteer.

**Treasure Shop location: 210 11th Avenue (next to the Bowling Alley) Castlegar, B.C.
Phone No. 250-365-7317**

Hours of Operation
Tuesday, Thursday & Saturday 11 am to 3 pm
Donations Accepted Tuesday & Saturday- Please call Treasure Shop at 250-365-7317

Thank you for volunteering!