Afternoon Auxiliary to Royal Inland Hospital

Gift Shop / Mobile Cart
311 Columbia Street
Kamloops BC V2C 2T1

Thrift Seller
146 Victoria Street
Kamloops BC V2C 1Z7

Visit our Web Site at www.rihvolunteers.ca

Volunteer Application

Preferred First Name _____

First and Last Names _____ Home Phone _____

Street Address _____ Business Phone _____

City _____ Cellular Phone _____

Postal Code _____ Date _____ E-mail _____

Interests

Why are you interested in volunteering for the Afternoon Auxiliary to Royal Inland Hospital?

_____

What type of volunteer programs interest you? (PLEASE CHECK ✓):

_____Thrift Seller _____Gift Shop _____Mobile Cart _____Handcrafts _____Other

What specific blocks of time are you available to volunteer to work? Days and Times (PLEASE CHECK ✓):

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		GIFT SHOP ONLY SUNDAY	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Abilities/Skills

List any hobbies/skills/interests _____

_____

Do you speak and/or write languages other than English? Which? _____

Personal References (excluding family):

	Name	Phone No.	Relationship
1.			
2.			

Family Doctor _____ Phone No. _____

I consent to a police record check and/or a personal reference check to be done to ensure the protection of children and other vulnerable clients under Interior Health Authority care.
I will consider as **confidential** all information in verbal, written, or computerized form concerning a patient, resident, client, family member, doctor, or any member of IHA personnel and will not seek information in regard to a patient/resident/client, nor will I disclose any such information which may come to my attention as a result of my role as a volunteer. I understand failure to maintain confidentiality may result in dismissal.

_____ _____
Volunteer Signature Date

Please return completed application to the Thrift Seller – 10:00 am - 4:00 pm Monday – Saturday <u>OR</u> to the Gift Shop 10:00 am - 7:00 pm Monday – Friday; 1:00 pm - 5:00 pm Saturday and Sunday.

_____ _____
(Interviewer) *(Date)*