

AFTERNOON AUXILIARY TO THE ROYAL INLAND HOSPITAL
www.rihvolunteers.ca
VOLUNTEER APPLICATION

Personal Information

Preferred First Name _____
Last Name _____ First Name _____
Address _____
City _____ Postal Code _____
Telephone Home _____ Business _____
Cell _____ E-Mail _____

Interests

Why are you interested in volunteering for the Auxiliary to the RIH? _____

What type of volunteer programs interest you?
__gift shop __mobile cart __thrift seller __other

What specific blocks of time are you available to volunteer to work?
Days of the week _____
AM _____ PM _____

Abilities/Skills

List any hobbies/skills/ interests _____

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

References (excluding family)

1.Name _____ Phone _____ Relationship _____
2.Name _____ Phone _____ Relationship _____

Current or Past Employer _____

Previous volunteer experience _____

I consent to a Criminal 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 do so may result in dismissal.

Volunteer signature _____ Date _____