

MEMBERSHIP APPLICATION

Mr. Mrs. Ms. Miss

Last Name _____ First Name _____

Address _____ City _____

Postal Code _____ Phone _____ Email _____

Age group: Under 19 19—40 40—60 Over 60 Are you a student? No Yes

Volunteer hours Regular Occasional

Language Do you speak and/or write languages other than English? No Yes _____
LANGUAGE

Volunteer Opportunities Group Activities Gift Shop Superfluity Thrift Shop
 Gift Cart

Criminal Record Check *A current Criminal Record Check is required to volunteer as a member of the Peace Arch Hospital Auxiliary Society.*

A three month probation period is in effect for all new volunteers.

References

Please provide two references (not relatives) who have known you for at least six (6) months.

Name _____ Phone _____

Personal relationship to you _____ Email _____

Name _____ Phone _____

Business/Volunteer relationship to you _____ Email _____

Emergency Information In case of emergency, please contact

Name _____ Phone _____ or Cell _____

Please read the following before signing this application

I _____ (Print your name) confirm that the information in this volunteer application is complete and true. I understand and agree that any omission or misrepresentation with respect to information given may be cause for refusal of volunteer placement, or if I am a volunteer of PAHAS may be cause for immediate termination. I understand that a criminal record check is required. I authorize PAHAS to contact the references listed and give permission to these references to release all relevant information requested. I understand that an annual membership fee is required.

I understand and give permission for PAHAS to keep a record of my personal information and that it will remain confidential to PAHAS and Volunteer Resources. I understand that this information may be discussed with any party, with legal and proper interest and I release the agency from any liability whatsoever for supplying such information

Signature _____ Date _____

Office Use only

Received date _____ On hold Date _____

Group _____

Comments

Signature _____