The Gabriola Auxiliary for Island Health Care Society
Membership Application

Last Name_____ First Name_____

Mailing Address_____ Gabriola, BC V0R_____

Street Address _____ Gabriola, BC V0R_____

Phone: (home) _____ Cell: (or other) _____

Date of Birth (optional) _____ Email: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Volunteer Experience: _____

Employment Experience: _____(optional)

Special Skills or hobbies (ex. Sewing, arts, crafts, gardening, electronics, grant writer)

_____

You are encouraged to attend meetings. All members are expected to volunteer at least 4 hours a month. Membership Dues of $12 annually are to be paid by January 1st.

Breakdown of current dues: BCAHA $6.00, Vancouver Island Area Rep $2.00 Auxiliary Education $4.00

Please check the areas that interest you.

_____ **Bookkeeper _____, Proposal Writer _____, Publicity_____**

_____ **Ice Cream Scooper** –full shift_____; or mornings_____; afternoons only, _____

_____ **Events Planner:** What other types of events have you organized: _____

_____ **Events worker:** Set up _____ Décor _____ Kitchen _____ Clean up _____ Other _____

_____**The Gabe Cart** - **Cook** for Special Events, if so, **do you have a Food Safe Certificate?** _____

_____**The Gabe Shop**: Pricing, sorting or repair _____ Décor _____ Cashier _____

Morning shift 10am-1pm _____ or 1pm-4pm _____, if so, which day _____ weekly.

_____ **Meal on Wheels**

_____**Driver to Doctors** _____**Drivers to Doctors to Nanaimo**

Amended September 2018

Agreement of Confidentiality/Dignity

All members of the Auxiliary are required to sign a Confidentiality Agreement and respect it.

All matters and information of a personal nature pertaining to members, patients, or clients/donors that has been gained within the Auxiliary or any of its units must be treated as confidential. Under no circumstances can any information be divulged other than to persons authorized to receive such information in the course of their duties. Under no circumstances will any person volunteering in the Auxiliary use such information gained to his/her own advantage.

Violations can result in termination of membership as per the Auxiliary Bylaws.

I have read and understand the above agreement.

Date: _____ Signature: _____

WE RESERVE THE RIGHT TO ASK FOR A BACKGROUND CHECK

I give permission for the Gabriola Auxiliary for Island Health Care Society to perform a check of my background, which will include a police check for volunteering in programs where there is contact with vulnerable people such as Meals on Wheels and Drivers to Doctors. Police checks may be carried out for other programs if it is deemed necessary.
All information collected during the check will be kept confidential.

Date: _____ Signature: _____

Please supply 2 local references, including 1 local

1) Name _____ Phone _____

2) Name _____ Phone _____

Please return the completed application and Criminal records check to the Manager at the GABE Shop. The Membership Coordinator (President or Secretary) will contact you shortly. Thank you for your interest in our organization.

Gabriola Auxiliary for Island Health Care Society - Executive

Amended September 2018