

DATE: \_\_\_\_\_

☐ PAID

# MEMBERSHIP APPLICATION

## Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Gabriola, BC V0R 1X\_\_\_\_

Street Address (if different): \_\_\_\_\_ Gabriola, BC V0R 1X\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## Volunteering Information

Volunteer Experience: \_\_\_\_\_

Employment Experience (optional): \_\_\_\_\_

Special Skills or Hobbies: (sewing, arts, crafts, fashion, gardening, writing, finance, cooking, etc.)

**Areas of Interest:** (check all the areas that you are interested in volunteering)

☐ **The GABE Shop** (Year Round)

Areas of interest:      ☐ Pricing & sorting    ☐ Décor      ☐ Cashier

Shift preferred: ☐ 10am-1pm ☐ 1pm-4pm

Day of the week:      ☐ Wed      ☐ Thu      ☐ Fri      ☐ Sat      ☐ Sun\*

\*July & Aug only

☐ **Ice Cream Cart Scooper** (May Long Weekend to Thanksgiving Weekend)Shift preferred: ☐ 11:45am-2pm ☐ 2pm-4:15pm

Day of the week:      ☐ Wed\*      ☐ Thu      ☐ Fri      ☐ Sat

Sun\*

\*July & Aug only

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☐ **Meals on Wheels Gabriola Delivery** (Year Round)

Pickup is from the Gabriola Commons Community Kitchen at 4:30pm

Day of the week:      \_\_\_ Mon      \_\_\_ Thu

☐ **Drivers to Doctors** (Year Round)

Drive Area:                        Gabriola           Nanaimo     

☐ **Hospital to Home Gabriola** (Year Round)☐ **Other** (Year Round)

☐ Board      ☐ Events      ☐ Fundraising      ☐ Publicity

Other: \_\_\_\_\_

# Membership Dues

Membership Dues are **\$12.00** annually and are due on January 1<sup>st</sup> each year.

Your dues contribute to the goals of the Auxiliary as follows:

\$5.00 BC Association of Healthcare Auxiliaries Membership (Insurance coverage)

\$2.00 Vancouver Island Healthcare Auxiliary Membership

\$5.00 Gabriola Auxiliary Education and Training

## 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 programs 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: \_\_\_\_\_

## Background Check

### **WE RESERVE THE RIGHT TO REQUEST A BACKGROUND CHECK**

I give permission for the Gabriola Auxiliary for Island Health Care Society to perform a background check. This will include a police criminal records check for volunteering in programs where there is contact with vulnerable people such as Meals on Wheels, Drivers to Doctors and Hospital to Home, or for any program if deemed advisable by the Auxiliary. I understand that should additional charges associated with the criminal record check be required, the Auxiliary will reimburse the cost. All information collected during the check will be kept confidential.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### **Please provide 2 local references:**

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please return your completed application to the Manager at the GABE Shop along with your Membership Dues. The Membership Coordinator will contact you shortly.

***Thank you for your interest in our organization.***