



Auxiliary to the Cowichan District Hospital MEMBERSHIP APPLICATION

NAME:

Last

First

ADDRESS:

Number

Street

City

Postal Code

PHONE: _____ **CELL:** _____

EMAIL: _____

MONTH OF BIRTH _____

EMERGENCY CONTACT: _____ **RELATIONSHIP:** _____

PHONE: _____ **CELL:** _____

Please give two personal references (other than family)

NAME: _____ **PHONE:** _____

Email: _____

NAME: _____ **PHONE:** _____

Email: _____

How did you learn about the Auxiliary? _____

Do you have a second language? If so, what is it? _____

Please list any special skills, and/or hobbies – i.e. typing, computer skills, crafts, etc.

Confidentiality and background check:

1. I give permission for the Auxiliary/VIHA to perform a reference check and understand that information collected during this background check will be limited to that which is appropriate to determining my suitability for the particular type of volunteer services in which I will be involved. I understand that all information collected during the check will be kept confidential.

2. I acknowledge and understand this form to be an application for membership in the Auxiliary to the Cowichan District Hospital. I understand there is at the General meeting on the 4th Monday of each month and an Annual General meeting in March, to which members are encouraged to attend.

3. I understand that to be a member of the Auxiliary, I am required to pay annual dues, participate in the VIHA general orientation, wear photo ID, smock or name tag as required within the volunteer service area and abide by the confidentiality policy as outlined in orientation.

4. I give permission to the Auxiliary/VIHA to take photographs and to store registration or personal information electronically.

5. I give permission for my contact information, name, address, telephone number and e-mail address, to be shared with the Auxiliary membership.

Signature: _____

Date: _____

COSTS

Please make cheques payable to the **Auxiliary to the Cowichan District Hospital**

Dues: \$10.00

DUES PAID ____/____/____

**Please mail your application to:
Auxiliary to Cowichan District Hospital
3045 Gibbins Road, Duncan, BC V9L 5E1**



AUXILIARY TO COWICHAN DISTRICT HOSPITAL

Name _____

Please tick items that are of interest to you.

You are expected to commit to work a minimum of one shift per month and assist with fund-raising projects.

FUNDRAISING

- Gift Shop Sell merchandise to staff & visitors at the shop located in the Cowichan District Hospital. Open daily. Buyers and stockers also needed.
- Thrift Store Assist with the operation of the Hospital Thrift Store located at 79 Station St., Duncan. Help with sorting, pricing and sales.
- Bazaar Members knit and crochet, assist with cookie work bees, donate and organize donations of baking, preserves, plants and books and assist with food preparation. Convenors and sales assistants needed for stalls.
- Mini Bazaar This smaller bazaar is held onsite at CDH for sales to staff.
- Grocery Receipts Saving receipts from 49th Parallel Grocer.
- Smile Cards A fund-raising program sponsored by Thrifty Foods.

SERVICES

- Baby Layettes Baby layettes for mums in need.
- Santa Project Christmas gifts for patients without relatives.
- Baby Toques Members knit toques which are given to all newborns.
- Cairnsmore Place Serve refreshments to residents & visitors and work in the tuck shop.
- Youth Volunteers Working with the convener(s) assist with training, scheduling and supervision of 13 to 18 year olds.
- Toiletry Kits Personal items provided to those admitted to CDH without grooming provisions.
- Magazine Service A magazine distribution service for patients and in waiting areas.
- Tea & Visiting Serve tea & goodies to patients and their visitors.
- Tray Favours Favours are crafted to decorate patient food trays celebrating special days each month.
- Surgical Sponges Purchase and distribute sponges to the surgical nurse as needed by patients.