



## 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/Island Health (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 are four General meetings a year (September, November, January & June) on the 4<sup>th</sup> Monday of the month and an Annual General meeting in April, 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 Auxiliary welcome and Island Health (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/Island Health (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:** \_\_\_\_\_

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**COSTS**

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

**Dues: \$10.00**

**DUES PAID** \_\_\_\_/\_\_\_\_/\_\_\_\_



## **AUXILIARY TO THE COWICHAN DISTRICT HOSPITAL**

### **Name**

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Please tick services 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.
- Mini Bazaar      This smaller bazaar is held onsite at CDH for sales to staff.
- Craft Fairs      We participate at Christmas Chaos / Deck the Halls
- Smile Cards      A fund-raising program sponsored by Thrifty Foods. Cards obtained from the Convenor

### **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 Stop N Shop.
- Youth Volunteers      Working with the convener(s) assist with training, scheduling and supervision of 13 to 18 year olds.
- Grooming Kits      Personal items provided to those admitted to CDH without personal toiletries.
- 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, label and distribute sponges to the surgical nurse as needed by patients