



Golden Ears Gift Shop Volunteer Application

Funds raised through the Gift Shop support the best in health at Ridge Meadows Hospital.

Contact Information

First Name: _____ **Preferred First Name:** _____
Last Name: _____
Phone: _____ **Email:** _____
Address: _____
City _____ **Province:** _____ **Postal Code** _____
Age Group: Under 19 19-25 26-40 41-60 Over 60 Prefer not to say **Birthdate** (MM/DD) _____

Emergency Contact Information

First Name: _____ **Last Name:** _____
Primary Number: _____ **Relationship:** _____

Availability/Commitment (Volunteers are required to volunteer a minimum of 8 hours a month)

Why are you interested in volunteering at the Gift Shop?

Let us know which days and times work best for you.

Currently our shifts are 9:30-1:00 and 11-3, but we hope to expand our hours of operation as we engage more volunteers.

S	M	T	W	T	F	S

Are you able to volunteer on a regular basis? (Y/N)



Experience (Volunteer & Employment)

Volunteer:

Are you presently a volunteer? _____ If yes, where: _____

Have you volunteered for Fraser Health? _____ If yes, where: _____

Describe your previous volunteer experience:

Where did you volunteer?	What did you do?	When did you volunteer?

Employment:

Are you currently employed? Full time Part time Casual No

Current Employer(s): _____

May we contact you at work? Yes No **Phone:** _____

Employment: (Retail experience is an asset, but is not necessary)

Please list any past relevant education/training you have:

References

Please provide one telephone reference & one letter of reference (not relatives) that have known you for at least 6 months; one personal, and one business or volunteer related. *(Please inform your references they will be contacted).*

Phone Reference Name: _____ **Phone:** _____

Relation to you: _____ **Email:** _____

Please read the following carefully before signing this application—applicants will only be contacted if a suitable and appropriate placement is available.

“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 the information given may be cause of refusal of volunteer placement, or if I am a current volunteer, may be cause for immediate termination. I understand that a Criminal Record C heck will be required. I authorize Fraser Health to contact the references listed and give permission to these references to release all relevant information requested.”

I understand, and give permission for RMHF and Fraser Health to keep a record of my personal information on site and that it will remain confidential. I understand that this information may be disclosed to any party with legal and proper interest and I release the agency from any liability whatsoever for supplying such information.

Signature: _____ Date: _____