

Notice of Resignation

I (full name-PLEASE PRINT), _____ ,
 wish to resign effective as of Month:_____ Day:_____ Year:_____ (date of **last shift**-
 you are required to give at **least 30 days** notice) from my volunteer position(s) below: One All

Program Area:	Position:
Program Area:	Position:

I have already notified my Program Leader: _____
 have not notified, but will (**You must** notify your leader/convenor/scheduler as soon as possible).

REASON FOR LEAVING:

- End of 6 months Lack of time Work School Other commitments
 Personal Health Retired Family Moving
 Other (please specify): _____
 Switch to spare, list availability: _____

COMMENTS: Use back page if you need more space.

WOULD LIKE TO DISCUSS REASONS FOR LEAVING: No Yes, Phone: _____

Upon resignation, I agree to surrender all hospital property, such as ID tags, program tags, parking pass, Smock/uniform (if issued one) to the Volunteer Resources/Auxiliary Office.

Volunteer's Signature: _____ **Date:** _____

Submit completed forms to SMH & JPOCSC Volunteer Resources.
****Mailbox available outside SMH main office for drop-offs**
(uniforms will fit in mail-slot also) or at JPOCSC in volunteer lounge
Fax: (604) 585-5669 or e-mail: volunteer.smh@fraserhealth.ca.

Call Volunteer Resources at (604) 588-3381(Press 0) to arrange to drop-off items on your last day.

OFFICE USE ONLY:	Date Received: _____
Copy to: <input type="checkbox"/> Manager/Coordinator/Auxiliary <input type="checkbox"/> Program Leader: _____	
Property Rec'd: <input type="checkbox"/> Req'd <input type="checkbox"/> Photo ID <input type="checkbox"/> Temp ID <input type="checkbox"/> Prog. Tag <input type="checkbox"/> Parking Pass <input type="checkbox"/> Uniform/Smock	
Resignation: Bf to: _____ Reason: <input type="checkbox"/> As above <input type="checkbox"/> Other: _____	
Exit Evaluation: <input type="checkbox"/> Completed <input type="checkbox"/> Sent <input type="checkbox"/> Appt Booked for: _____	
Eligible for Refer: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending Property return <input type="checkbox"/> Limited <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Keep Active, Spare Volunteer <input type="checkbox"/> Keep Active, as Inactive Auxiliary Member <input type="checkbox"/> Membership Lapsed	
Notes: _____	