UPDATE 2023

Chemainus Health Care Auxiliary
Membership Application

Phone – 250-246-2476
Email – chcaux@shaw.ca

Last Name: _____ First Name: _____

Mailing Address: _____ City: _____

Street Address: _____ Postal Code: _____

Home Phone: _____ Cell: _____

Date of Birth (MM-DD-YYYY): _____ Email: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Employment Experience: _____

Volunteer Experience: _____

Please check where you wish to volunteer:

1. **At the Chemainus Health Care Centre:**

☐ **Inservice** – Serving tea to residents of CHC Facility Monday to Friday (approx. 1 ½ hours per week)

☐ **Meals on Wheels** – Driving/delivering meals to people's homes (approx. 2 hours per month)

2. **At the Thrift Shop:** Please check which days and times you would prefer:

Retail Sales (working in the store)

- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Morning Shift OR
- ☐ Afternoon Shift

Warehouse (receiving, sorting or pricing)

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Saturday
- ☐ Morning Shift OR
- ☐ Afternoon Shift

Covid Vaccinated _____
Signature required

** Our Auxiliary has an Executive Board, as well as several committees, all of which are essential to our function and success. We would appreciate your consideration of volunteering for one of these positions. Please ask the Membership Chairperson for more information.

** All members are expected to volunteer at least 6 hours a month.

** You are strongly encouraged to attend our general meetings held four times a year.

** There is a $10.00 annual membership fee, payable before your first shift. You will be provided with an apron and name tag.

Consent to photograph, film or videotape a Member for non-profit use.

I, _____hereby give consent to the Chemainus Health Care Auxiliary to taking photographs, video or audio tapes of me for the following purposes (please check areas you give consent to):

- ☐ For in shop purposes, such as bulletin boards, displays and sharing information.
- ☐ For promotional materials such as advertisements, newspaper and magazine articles.
- ☐ For internet purposes such as Facebook, or our website.

Signature: _____ Date: _____

Agreement of Confidentiality/Dignity

All members of the Auxiliary are required to sign a Confidentiality Agreement and respect it.

All matters and information of personal nature pertaining to members, patients, or clients that has been gained within the Auxiliary or any of its units 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 advantage. In accordance with By-Law Part 2, Section 6: a person shall cease to be a member of the Auxiliary upon infraction of this policy.

We Reserve The Right To Ask For A Background Check

I give permission for the Chemainus Health Care Auxiliary to perform a check of my background, which may include a police check, and other persons or sources as appropriate for the volunteer service in which I have expressed an interest and that all information collected during the check will be kept confidential.

I have read and understand the above agreements.

Signature: _____ Date: _____

Please supply 2 local references (other than family)

Name: _____ Phone: _____

Name: _____ Phone: _____

After completing this application, please email to auxexec@gmail.com.

The Membership Chairperson will contact you shortly. Thank you for your interest in our Auxiliary.