PO Box 2100, Saint John, NB, E2L 4L2
Auxiliary Volunteer Application

Name: _____
(Last) (First)
Mailing Address: _____ E-Mail: _____

Postal Code: _____ Telephone (H): _____ (W): _____

Name of person to contact in case of emergency: _____ Relationship: _____

Address if different from above: _____

Telephone numbers of your emergency contact person (H): _____ (W): _____

Previous Experience: A) As a volunteer: _____
B) Work: _____
C) Hobbies: _____

Current Occupation: _____

Why do you wish to become a volunteer? _____
_____
_____

Volunteer Options:
Junior Volunteer (16 -18) ☐
Senior Volunteer (19 and over) ☐

Cashier/Clerk ☐
Merchandiser ☐
Office Support ☐
Other ☐

Availability Preferences:
Check days most convenient to you: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun
Check times most convenient for you: ☐ AM (8:30 -12) ☐ PM (12-3) ☐ PM (3-6) ☐ PM (5:30-8:30)

Please enclose (2) letters of Reference from persons other than family and their current address and phone numbers.

1. Name of Reference: _____
Phone #: _____

2. Name of Reference: _____
Phone #: _____

After receiving your application and letters of reference, we will call you for an interview, Check the time best for you:

☐ Morning ☐ Afternoon ☐ Evening

Volunteer Commitment: I am interested in volunteering with the Saint John Regional Hospital Auxiliary. I agree to respect Auxiliary and Hospital policies and to abide by Auxiliary rules regarding dress and decorum, conducting myself quietly and with consideration for the feelings and conditions of patients; to co-operate willingly with staff and other volunteers: to follow instruction carefully and promptly; to carry out only those duties assigned to me, to treat as confidential any information that comes to my attention while on duty. If unable to come to volunteer, I will notify the person to whom I report for duty as much in advance as possible. **Also,** I give my permission to the Auxiliary to contact my present or previous employer and my references to complete a reference check.

_____ _____
Date Signature