



VOLUNTEER APPLICATION

**Richmond Hospital/ Healthcare Auxiliary
Thrift Shop**

3731 Chatham Street, Richmond, BC

Telephone: 604-271-1551

Personal Information

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: Home: (____) _____ Cell: (____) _____

Email _____

Birth date (Optional) _____ Are you over the minimum age of 16 years? Yes No

Experience & Education

Current Occupation: _____

If you are currently a student, please indicate school and year/grade: _____

Previous / current employment experience: _____

Previous / current volunteer experience: _____

Skills you wish to share: _____

Languages spoken fluently: _____

Interest & Availability

Why are you interested in volunteering at the Thrift Shop? _____

Availability: Please indicate the blocks of time are you are available to volunteer on a regular basis:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9:30 – 12:30	9:30 – 12:30	9:30 – 12:30	9:30 – 12:30	9:30 – 12:30	9:30 – 12:30	9:30 – 12:30
9:30 – 3:30	9:30 – 3:30	9:30 – 3:30	9:30 – 3:30	9:30 – 3:30	9:30 – 3:30	9:30 – 3:30
12:30 – 3:30	12:30 – 3:30	12:30 – 3:30	12:30 – 3:30	12:30 – 3:30	12:30 – 3:30	12:30 – 3:30

Available for Shop Special Events: Yes

Desired **length of commitment** (circle): 4 months 6 months 1 year Other: _____

Emergency Contact Information

Name: _____

Relationship: _____

Telephone: _____

References

Please list 2 people (not family and preferably not friends) we can contact for a reference.

1) Name: _____ Telephone: _____

Relationship to applicant: _____

2) Name: _____ Telephone: _____

Relationship to applicant: _____

I hereby certify that the information contained in this application is true to the best of my knowledge and I give permission to the Richmond Hospital/Healthcare Auxiliary to contact my references. I understand a criminal record check will be required. I also understand that by signing this volunteer application form, Vancouver Coastal Health will keep a record of my personal information and that it will remain confidential to Vancouver Coastal Health. I understand that personal information on this form is collected, used and disclosed by VCH in accordance with the Freedom of Information and protection of Privacy Act (FIPPA), and that if I have any questions about the collection and use of my information, I can contact VCH's Information Privacy Office at 604-875-5568 or email at privacy@vch.ca.

Signature: _____ Date: _____

Thank you for applying to volunteer with the Richmond Hospital/ Healthcare Auxiliary Thrift Shop in Vancouver Coastal Health.

<u>Office Use Only:</u>		
Application: _____	CRC Completed _____	Start Date: _____
Training: _____	Information on VR Database: _____	End Date: _____