The Prince Edward County Memorial Hospital Auxiliary Inc.
Since 1934

VOLUNTEER APPLICATION FORM

How did you hear about volunteering with the Auxiliary?

_____

DATE: _____

NAME: FIRST _____ LAST _____

ADDRESS: Street _____

Town _____ Postal Code _____

Cell #_____**Home phone #**_____ **email**_____

I am currently retired ☐ OR my occupation is _____

The PECM Hospital Auxiliary has many extra events and projects that might appeal to you depending on your hobbies and interests. Please check any areas below that apply.

☐ Archives/scrapbooking
☐ Baking/canning/preserving
☐ Event planning
☐ Gardening
☐ Crafts/knitting
☐ Playing bridge
☐ Creating signs/posters

Please indicate below, the 2 top areas of interest to you as an auxiliary volunteer:

1. ☐ Working in the hospital (as a friendly visitor or greeter)
2. ☐ Working in the retail shop (Second Time Around)
3. ☐ Working special events (select events of interest)

   ☐ Festival of Trees ☐ Meals on Wheels ☐ Blood donor clinics

4. ☐ Working in office administration for the Auxiliary

Do you have any experience serving in a non-profit organization? Please explain

_____

_____

What skills or work experience could you offer to the Auxiliary to work in an administrative capacity? Please check all that apply:

- ☐ Project management
- ☐ Background in legal matters
- ☐ I.T. proficiency
- ☐ Office administration
- ☐ Human resources/recruiting
- ☐ Retail sales management
- ☐ Proficiency in finances/accounting
- ☐ Educational field/scholarships
- ☐ Public Relations/Communication
- ☐ Staff scheduling/team management
- ☐ Website design/social media
- ☐ Database administration

REFERENCE CHECK PERMISSION

I give permission to the PECM Hospital Auxiliary to contact the 2 references listed below to discuss my suitability as a volunteer.

Signature _____ **Date** _____

Please list 2 persons (**no family members**) who have knowledge of your character &/or past work experience over at least 2 years. References should be willing to speak about your strengths, skills, work ethic etc. and will preferably be an employer from a paid or volunteer position you have held. Please inform your references that someone from the Auxiliary will be contacting them.

Reference #1

Name (First and Last): _____ Tel # _____

Email address _____ Relationship to you _____

Reference #2

Name (First and Last): _____ Tel #_____

Email address _____ Relationship to you _____

In submitting this application, I agree to abide by the rules and policies of the PECM Hospital Auxiliary. I am 18 years of age or older and my principal residence is in the County of Prince Edward. I understand that a police record check may be requested.

Signature of applicant: _____ **Date:**_____