



**PEACE ARCH
HOSPITAL
FOUNDATION**

The heart of a healthy community

VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with Peace Arch Hospital Foundation.

Volunteers are an integral part of our organization and provide tremendous support in helping the Foundation achieve its mission of enhancing health and wellness in our community.

Please fill out the information below and forward to Amy Cross, Community Engagement Officer. We will contact you once your application is received.

CONTACT INFORMATION

Dr. Mr. Mrs. Ms. Miss. PAH Employee Dept: _____

First Name _____ Last Name _____

Address _____

City, Province _____ Postal Code _____

Home Phone _____ Cell Phone _____

Email _____

Under 19: age _____

19+ years

We respect your privacy. For information on the Foundation's privacy policy visit pahfoundation.ca

APPLICATION QUESTIONS

1. Please let us know why you are interested in volunteering with Peace Arch Hospital Foundation.

2. Do you currently volunteer with other organizations? Please list organizations and roles.

Areas of Interest

- Event support
- Office administration support
- Event Committee support
- Third-Party Fundraising support (support to organizations who are fundraising on the Foundation's behalf)
- All of the above**

Availability (Office administration support only)

- Monday AM | MID-DAY | PM
- Tuesday AM | MID-DAY | PM
- Wednesday AM | MID-DAY | PM
- Thursday AM | MID-DAY | PM
- Friday AM | MID-DAY | PM
- Saturday AM | MID-DAY | PM
- Sunday AM | MID-DAY | PM

Do you have access to transportation? Yes No

Have you ever been convicted of a crime that you haven't been pardoned for? Yes No

ACKNOWLEDGEMENT

By signing below, I hereby agree to abide by all decisions of Peace Arch Hospital Foundation (PAHF). All personal information gathered by PAHF regarding the applicant will held in the strictest confidence and treated as such under current privacy legislation. Personal information will only be shared with the PAHF Staff and Foundation's Board of Directors.

Applicant Signature: _____ **Date:** _____

Please submit completed applications, and required attachments

to: Amy Cross, Community Engagement Officer
Peace Arch Hospital Foundation
15521 Russell Avenue, White Rock, BC V4B 2R4

Or submit through email to:
E-mail: amycross@pahfoundation.ca
Phone: 604.535.4520
Fax: 604.541.5820

