



Capital Health

Healthy People, Healthy Communities

DARTMOUTH GENERAL HOSPITAL AUXILIARY
VOLUNTEER APPLICATION AND REGISTRATION
(Auxiliary members must be over 18)

Thank you for applying to join the men and women of the Dartmouth General Hospital Auxiliary.

The auxiliary began in 1972 and since its inception has donated approximately \$ 1.5 million dollars to the hospital. Our motto is “improve patient comfort at D.G.H.”

There are approximately 200 members in our auxiliary and we raise money through our very successful gift shop, raffles, coffee and card parties and our annual Holly Tree Bazaar held in December. We meet 8 times a year in the hospital cafeteria at 7:30 P.M. on the second Wednesday of the month. There are no general meetings in June, July, August, and December.

The annual membership dues are \$5, payable when you become a member and each year before the 30th of April. You are required to purchase and wear an auxiliary smock (cost is \$20) and a picture ID whenever you volunteer at DGH.

TELL US ABOUT YOURSELF

Your name _____ Date _____

Your home address _____

Postal code _____ Your e-mail address _____

Telephone (home) _____ (work) _____ (cell) _____

Employment experience: _____

Volunteer experience _____

Other organizations or clubs that you have been associated with _____

Skills ,hobbies, interests, training: _____

References : (Not family members or friends !) (if you are not referred by an auxiliary member your references will be contacted)

- 1) Reference _____ phone _____
- 2) Reference _____ phone _____
- 3) auxiliary member who is referring you _____

In an emergency we should contact:

- 1) name _____ phone# _____
- 2) name _____ phone# _____

Your family doctor _____ phone # _____

Tell us why you would like to join the Dartmouth General Hospital Auxiliary:

When are you available to volunteer at Dartmouth General Hospital? (state days / times)

What job(s) would you like to do? (check off your choices)

- | | |
|------------------------|---------------------------------------|
| Menu program ____ | Lobby Information desk ____ |
| Gift shop ____ | Emergency dept. information desk ____ |
| Gift shop cart ____ | Library ____ |
| Night lunches ____ | Newsletter ____ |
| Transitional care ____ | Other _____ |
| Palliative care ____ | |

You may drop your completed application off at the front desk of the hospital or mail it to : Membership, Dartmouth General Auxiliary, 325 Pleasant st., Dartmouth B2Y 4G8

Your signature below indicates that you have given accurate information about yourself and that you agree with the auxiliary's privacy policy which states that any information that you as a volunteer may gain about a fellow volunteer, hospital staff, a patient or a patient's family will not in any way be disclosed by you and you understand that such disclosure will result in your termination as a volunteer at Dartmouth General Hospital.

My signature _____ Date: _____

OFFICE USE:

Date interviewed: _____ Placement: _____
Comments: _____ Interviewed By: _____