



*HEALTHY PEOPLE, HEALTHY COMMUNITIES  
– FOR GENERATIONS*

**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 DGH Auxiliary began in 1973 and since its inception has donated in excess of \$2 million dollars to the Dartmouth General Hospital. Our motto is “improve patient comfort at D.G.H.” There are approximately 76 members in our Auxiliary and we raise money through our very successful Corner Shoppe, Raffles, Bake Sales and our annual Holly Tree Bazaar held in December. We meet 4 times a year in September, November, February and April at 1:00 p.m. on the second Wednesday of each month. Our AGM is held in May each year.

DGH Auxiliary annual membership dues are \$5, payable when you become a member and each year thereafter before the 30th of April. A picture ID will be provided.

**Tell us about yourself - Please print**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date \_\_\_\_\_

Your Home Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Your Email Address \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Do you have any physical or health limitations that may prevent you from performing any specific volunteer role?**

NO  Yes (Please List) - \_\_\_\_\_

**Volunteer Commitment**

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

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**The majority of the DGH Auxiliary volunteer programs require a commitment of six months or longer. Please indicate your commitment:**

- Six months                                       Longer than six months

**Employment and Educational Experience: Please indicate your employment status:**

- Employed                                       Retired                                       Other (Please specify)

**Please indicate if you are any of the following:**

- High School Student                                       Post-Secondary (College, University, Trade School)

ESL (English as a Second language) Please identify any additional languages that you speak and/or write fluently \_\_\_\_\_

**SKILLS: Please check what types of training or skills you have:**

<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Hospitality Services
<input type="checkbox"/> Retail/Sales Experience	<input type="checkbox"/> Accounting Services
<input type="checkbox"/> Customer Services	<input type="checkbox"/> Photography
<input type="checkbox"/> Fundraising Events	<input type="checkbox"/> Other (Special/Specify)

**Membership in Clubs, Hobbies, Volunteer Experiences, Training:**

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**When are you available to volunteer with the DGH Auxiliary at Dartmouth General Hospital? (Circle to indicate Days/Times please):**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM
Evening	Evening	Evening	Evening	Evening	Evening	Evening

**What volunteer Job(s) would you like to do? (Check off your choices)**

<b><u>Dartmouth General Hospital Auxiliary</u></b>	
<b><u>Positions and Programs</u></b>	
<input type="checkbox"/> <i>President/Vice President</i>	<input type="checkbox"/> <i>Auxiliary Newsletter</i>
<input type="checkbox"/> <i>Auxiliary Treasurer</i>	<input type="checkbox"/> <i>Auxiliary Memorial Bursary Committee</i>
<input type="checkbox"/> <i>Auxiliary Recording/Correspondence Secretary</i>	<input type="checkbox"/> <i>Auxiliary Photographer</i>
<input type="checkbox"/> <i>Auxiliary Membership Coordinator</i>	<input type="checkbox"/> <i>Raffles/Holly Tree Bazaar</i>
<input type="checkbox"/> <i>Auxiliary Publicity/Public Relations Coordinator</i>	<input type="checkbox"/> <i>Charitable Foundation Special Events Support</i>
<input type="checkbox"/> <i>Auxiliary Fundraising/Events Coordinator</i>	<input type="checkbox"/> <i>Auxiliary Telephone Committee</i>
<input type="checkbox"/> <i>Auxiliary Office Coordinator</i>	<input type="checkbox"/> <i>Auxiliary Various Committees</i>
<b><u>Dartmouth General Hospital Auxiliary</u></b>	
<b><u>Corner Shoppe – Positions and Programs</u></b>	
<input type="checkbox"/> <i>Corner Shoppe Manager</i>	<input type="checkbox"/> <i>Corner Shoppe Buyer/Candy</i>
<input type="checkbox"/> <i>Corner Shoppe Bookkeeper</i>	<input type="checkbox"/> <i>Corner Shoppe Gift Cart</i>
<input type="checkbox"/> <i>Corner Shoppe Scheduler</i>	<input type="checkbox"/> <i>Corner Shoppe Volunteers</i>
<input type="checkbox"/> <i>Corner Shoppe Buyer/Giftware</i>	

**References**

Please give the name of a DGH Auxiliary Member who is referring you as a volunteer:

\_\_\_\_\_

If you are not being referred by a DGH Auxiliary Member- (as above) please provide the names of two (2) references as listed below: (family members or friends cannot be used as a reference)

**Reference #1- Please print**

Name: \_\_\_\_\_ email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Reference #2 -Please print**

Name: \_\_\_\_\_ email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Emergency Contact Information**

In an emergency we should contact: **Please print**

1) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

You may drop your completed application form off at the DHG Auxiliary “Corner Shoppe” at the DGH Hospital, 325 Pleasant Street, Dartmouth, or mail it to: Membership, Dartmouth General Hospital Auxiliary, 325 Pleasant Street, Dartmouth, NS, B2Y 4G8.

Your signature below indicates that you have given accurate information about yourself and that you agree with the DGH 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.”

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**OFFICE USE:**

Date interviewed: \_\_\_\_\_ Placement: \_\_\_\_\_

Comments: \_\_\_\_\_ Interviewed By: \_\_\_\_\_