



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 \$2.0 million dollars to the Dartmouth General Hospital. Our motto is “improve patient comfort at D.G.H.” There are approximately 71 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.

Tell us about yourself – Please print

First Name _____ Last Name _____ Date _____

Your Home Address _____

Postal Code _____ Your Email Address _____

Telephone (Home) _____ (Work) _____ (Cell) _____

Membership in Clubs, Hobbies, Volunteer Experiences, Training:

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 name of one reference as listed below: (family members or friends cannot be used as a reference)

Reference #1- Please print

Name: _____

Email address: _____

Phone Number: _____

Emergency Contact Information

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

Name/ Relationship to you _____

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:** _____

OFFICE USE:

Date interviewed: _____ Placement: _____