



Ladysmith Healthcare Auxiliary

910 – 1st Ave. PO Box 1151 - Ladysmith, BC V9G 1A8

Thrift Store Phone: 250-245-5225

Email: info.lhaux@gmail.com

VOLUNTEER MEMBERSHIP APPLICATION

Date: _____ Date of Interview: _____

Name: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

Mailing Address (if different): _____

Postal Code: _____ Email: _____

Emergency Contact: _____ Phone: _____

Relationship to Applicant: _____

PLEASE CHECK THE ACTIVITIES YOU WOULD LIKE TO HELP WITH:

_____ **THRIFT STORE** – Shifts available:

- Mon to Fri. 9am – 12:30pm; 12:30 – 4pm
- Saturdays. 8am – 12:00pm; 12:00 – 2pm
- Sun. 7:30pm – 12pm *While store is closed
- Tues 5:30pm – 8:30pm *While store is closed

_____ **Gift Store:** knit, crochet, sew items; Sort, package, & price items for sale in Thrift Store

_____ **Meals-On-Wheels** – 2 Shifts per month: *Criminal Record Check required

- Volunteers interested in Meals on Wheels are required to complete an application to the Criminal Records Review Program (CRRP) form: “Volunteer Consent to a Criminal Record Check”.
- Ladysmith Healthcare Auxiliary (LHA) Director of Memberships will initiate this process on the volunteer’s behalf. Applications and approvals will be retained in LHA files for ministry reference; Criminal Record Checks expire 5 years from date of approval.
- Do you agree to complete the above-named form? Y/N Initials: _____

_____ **Knitting, crocheting, and/or sewing:** Hours as convenient to you

_____ **Memorial Gardens:** Located behind Ladysmith Community Health Centre

- Mondays 10am – 12noon

_____ **Oyster Harbour Seniors Community:** 1127 Fourth Ave, Ladysmith

- Shifts arranged with Activities Director
- Criminal Record Checks initiated by Activities Director

The Auxiliary has an Executive Board and many committees all of which are essential to our functions. We ask that you consider volunteering for one or more of the following:

- _____ **Baby Layettes** – Sewing, coordinating infant layettes for Ladysmith newborns
- _____ **Building Maintenance Committee** – Plans and directs repairs/maintenance with staff & Exec
- _____ **Comfort Pillows** – Provides pillows for mastectomy patients
- _____ **Executive Board** – Provide strategic, financial, and purposeful direction of the LHA mandate
- _____ **Lifeline Silent Guardian** – Coordinates with Island Health Lifeline services for members.
- _____ **Membership** – Recruits & interviews new members, maintains digital membership lists
- _____ **Personnel Committee** – Drafts personnel policies; addresses volunteer/employee issues
- _____ **Phoning Committee** – Contacts members without email on LHA announcements & info
- _____ **Public Relations** – Promotes Thrift Store and LHA; photos, creates Newsletter 3-4 times/year
- _____ **Social Committee** – Organizes LHA social activities such as annual lunches and dinners
- _____ **Sunshine** – Sends cards to members with serious illness or on bereavement
- _____ **Website/IT** – Management, development, and digital communication via the LHA Website

Work experience, talents, or skills:

References: (from people not related to you):

Do you have a disability that requires dependence on a service animal while volunteering: Y/N

- If so, what type of animal? _____ Name of service animal: _____
- Authorizing letter (from doctor, nurse, or organization) presented: Y/N
- I, _____
 - understand and agree that my service animal must be kept on a leash and/or restrained at all times during my volunteer duties. Volunteer initials: _____
 - understand that my service animal is my sole responsibility and that the LHA accepts no risk, liability or responsibility for damages associated with my service animal. Initials: _____

** Service animal identification will be photocopied/recorded & kept with volunteer application

Return this completed application to the cash desk at the Thrift Store or mail it to the address at the top of the first page. We will contact you by phone for an interview. Each person accepted as a member must pay an initiation fee of \$10.00.

Initiation Fee Paid: _____

Date: _____

Thank you for your interest in our organization.