Richmond Hospital/Healthcare Auxiliary
Thrift Shop Volunteer Application
3731 Chatham Street, Richmond, BC

The Thrift Shop accepts applications from individuals over 16 years of age

Last Name:_____ **First** Name: _____

Address:_____

City: _____ Postal Code:_____

Telephone: Home: _____ Cell _____

Work: _____

Email:_____ Birth date (optional):_____

Current Employer:_____

If you are currently a student, what school/university do you attend?_____

Year and/or Grade:_____

Other employment and/or Volunteering Experience:_____

_____

Skills you wish to share:_____

_____

Languages spoken fluently:_____

Why are you interested in volunteering with us?_____

_____

Please comment on any relevant health conditions or disabilities you may have:_____

_____

In case of emergency contact:

Name:_____

Relationship:_____

Telephone:_____

References: Please list 2 people (not family and preferably not friends) we can contact for a reference.

1) Name:_____

Telephone:_____

How do you know this person?_____

2) Name:_____

Telephone:_____

Availability: Please indicate the times that you are available to volunteer:

Available for Shop Special Events: Yes ☐

Please indicate the blocks of time you are available to volunteer on a regular basis:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:30 – 3:30						
9:30 – 12:30						
12:30 to 3:30						
9:30 – 3:30						

Length of commitment (please circle):

4 months 6 months 1 year Other:_____

I hereby certify that the information contained in this application is true to the best of my knowledge and I give permission to the Richmond Hospital/Healthcare Auxiliary to contact my references. I understand a criminal record check will be required. I also understand by signing this application form, Vancouver Coastal Health will keep a record of my personal information on file. The information you provide on this form is considered confidential by Vancouver Coastal Health and will only be used to manage the application, selection and coordination of volunteers.

Signature: _____ Date: _____

THANK YOU FOR YOUR INTEREST IN VOLUNTEERING WITH THE
RICHMOND HOSPITAL/HEALTHCARE AUXILIARY THRIFT SHOP