Lady Minto Hospital
Auxiliary

Supporting the comfort & care of patients and residents of Southern Gulf Island health-care facilities

MEMBERSHIP APPLICATION

Please complete this form and — Drop it off at our Thrift Shop or
— Email it to contact@lmhas.ca or
— mail it to address on front page

Date: _____ Date Contacted: _____

Name: _____

PHONE # _____ Mobile # _____ EMAIL _____

Home Address: _____ Postal Code :_____

Mailing Address (if different):_____

Emergency Contact: _____PHONE # _____

How did you find out about our Auxiliary?_____

What part of our organization would you like to donate your time and energies to?
PLEASE INDICATE YOUR CHOICES BELOW:

With residents at **Extended Care**? Day of the Week? _____ AM? Or PM?

With residents at **Greenwoods/Braehaven?** Which Day? _____ AM? PM?

Work at the **Thrift Shop**? Which day of the week? _____ AM? Or PM?

Would you prefer working at home.... Knitting? Baking? Other craft?

Work Experience, Talents, Interests and Skills:

_____

Reference: _____ Phone Number: _____

You will be contacted by our Membership Officer to discuss volunteer duties, training, scheduling, security check, etc. After these preliminaries, assignment to a location and orientation, plus your payment of the **$10.00 annual fee**, we will happily count you as a new Auxiliary Member.

THANK YOU FOR VOLUNTEERING