



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 lmhas22@outlook.com
- 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