Thank you for your interest in volunteering with Delta Hospital and Community Health Foundation (DHCHF). Volunteers are crucial to our organization and greatly help us achieve success throughout the year.

Please complete the information below and forward to info@dhchfoundation.ca.

**CONTACT INFORMATION:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 19+ years Under 19: Age \_\_\_\_\_ DH Hospital Employee: Dept.\_\_\_\_\_\_\_\_\_\_\_

We respect your privacy. For information on the DHCH Foundation’s Privacy Policy, visit: dhchfoundation.ca

**APPLICATION QUESTIONS:**

1. Please let us know why you are interested in volunteering with DHCHF.
2. Do you have previous volunteer experience?
3. Are you fully vaccinated against COVID-19? Yes No
4. Have you ever been convicted of a crime that you have not been pardoned for? \_\_\_\_\_\_

**AREAS OF INTEREST**

 Signature Event Support (Golf Tournament, Moonlight Gala)



 Office Administration Support (please indicate your availability by day and times)

 Monday \_\_\_\_\_\_\_\_\_\_\_ Wednesday\_\_\_\_\_\_\_\_\_\_\_ Friday \_\_\_\_\_\_\_\_\_\_\_

 Tuesday \_\_\_\_\_\_\_\_\_\_\_ Thursday \_\_\_\_\_\_\_\_\_\_\_\_

**ACKNOWLEDGEMENT**

By signing below, I hereby agree to abide by all decisions of Delta Hospital and Community Health Foundation (DHCHF). All personal information gathered by DHCHF regarding the applicant will be held in the strictest confidence and treated as such under current privacy legislation. Personal information will only be shared with the DHCHF staff and the Foundation’s Board of Directors.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit completed application to: info@dhchfoundation.ca