



Volunteer Application Form

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.





Volunteer Application Form

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





Delta Hospital
+ Community Health
FOUNDATION

Volunteer Application Form

