

For Office use if needed:
Criminal Record Check File # _____ Date of Clearance: _____ Expiry: _____



Ladysmith Health Care Auxiliary Junior Member & Youth Volunteer Application Form

Name: _____ Grade: _____

Address: _____ and/or P.O. Box #: _____

City/town: _____ Postal code: _____

Phone #: _____ Mobile #: _____

Email: _____ Date of Birth: _____

Volunteer Experience:

Why do you want to volunteer with Ladysmith Health Care Auxiliary?

Are you interested in one of our Bursaries in your graduation year?

Confidentiality

I agree that personal information about Ladysmith Health Care Auxiliary and Oyster Harbour Seniors Community members, employees, staff, and clients will be kept confidential.

Print Name of Junior Member or Youth Volunteer: _____

Signature: _____ Contact #: _____

Print name of parent/guardian (if under 18): _____

Parent/Guardian signature: _____ Contact #: _____

LHA Contact Information

Ladysmith Thrift Store: ladysmiththrift@gmail.com
Phone: (250)-245-5225