



Ladysmith Health Care Auxiliary

910 – 1st Ave. PO Box 1151 - Ladysmith, BC V9G 1A8

Thrift Store Phone: 250-245-5225

Email: ladysmiththrift@gmail.com

VOLUNTEER MEMBERSHIP APPLICATION

Date: _____ Date of Interview: _____

Name: _____

Home Phone: _____ Mobile: _____ Email: _____

Home Address _____ Postal Code: _____

Mailing Address (if different): _____

Emergency Contact: _____ Phone: _____

Relationship to Applicant: _____

How did you hear about us? _____

PLEASE CHECK THE VOLUNTEER ACTIVITIES YOU WOULD LIKE TO HELP WITH:

_____ **THRIFT STORE** – Shifts available

- Mon to Fri. 9am – 12:30pm; 12:30 – 4pm
- Saturdays. 8am – 12:00pm; 12:00 – 2pm
- Sun. 7:30pm – 12pm *While store is closed
- Tues 5:30pm – 8:30pm *While store is closed

_____ **Gift Store:** knit, crochet, sew items.

_____ **Meals-On-Wheels** – 2 Shifts per month: *Criminal Record Check (CRC) required

- Volunteers interested in Meals on Wheels are required to complete an application to the Criminal Records Review Program (CRRP) form: “Volunteer Consent to a Criminal Record Check”.
- Ladysmith Health Care Auxiliary (LHCA) Director of Memberships will initiate this process on the volunteer’s behalf. Applications and approvals will be retained in LHA files for ministry reference; Criminal Record Checks expire 5 years from date of approval.
- Do you agree to complete the above-named form? **Y/N** Initials: _____

_____ **Knitting, crocheting, and/or sewing:** Hours as convenient to you

_____ **Memorial & Thrift Store Gardens:** Behind Ladysmith Community Health Centre & Gardens at Thrift Store.

- Mondays: 10am – 12noon (Memorial Gardens)

_____ **Oyster Harbour Seniors Community (OHS):** 1127 Fourth Ave, Ladysmith *CRC required

- Youth Volunteer activities - Shifts arranged with Oyster Harbour Activities Director
- Printed name & signature of Parent (if under 18): _____
- Signature: _____ Date: _____

_____ **Regular pick-up of culled Thrift Store household items** for drop-off to regional Thrift Stores and/or Goodwill

- Arrangements made in concert with Waste Reduction Committee.
- Minimum once per week; or, as needed.

The Ladysmith Health Care Auxiliary (LHCA) has an Executive Board and many **Committees**, all of which are essential to our functions. Please consider volunteering for one or more of the following:

- ___ **Baby Layettes** – Sewing, coordinating infant layettes for Ladysmith newborns
- ___ **Bookkeeping and Administration** – Offers administrative and/or bookkeeping skills and assistance
 - Computer skills essential
- ___ **Comfort Pillows** – Provides pillows for mastectomy patients
- ___ **Executive Board** – Provide strategic, financial, and purposeful direction of the LHA mandate
 - Computer skills essential
- ___ **Lifeline Silent Guardian** – Coordinates with Island Health Lifeline services for members.
- ___ **Membership** – Helps Membership Director to recruit & interview new members
 - May assist with digital membership list(s)
- ___ **Personnel Committee** – Drafts personnel policies; addresses volunteer/employee interviews & issues
- ___ **Phoning Committee** – Contacts members without email on LHA announcements & info
- ___ **Price Review Committee** – Documents and evaluates Thrift Store pricing at regular intervals.
- ___ **Public Relations** – Helps PR Director with Thrift Store/LHA promotions; photos, Newsletters, Ads.
- ___ **Social Committee** – Organizes LHA social activities such as annual lunches and dinners
- ___ **Waste Reduction** – Devise & action innovative ideas to ‘Reduce, Reuse, Recycle’ in the management of Thrift Store operations and donations processing.
- ___ **Website/IT** – Manages LHA Website & develops digital communications; offers tech training
- ___ **Youth Volunteers** – Coordinates LSS student Youth Volunteers at Oyster Harbour Seniors

Work experience, talents, interests, or skills: _____

References: (from people not related to you):

Do you have a disability that requires dependence on a service animal while volunteering: **Y/N**

- If so, what type of animal? _____ Name of service animal: _____
- Authorizing letter (from doctor, nurse, or organization) presented: **Y/N**
- I, _____
 - understand and agree that my service animal must be kept on a leash and/or restrained at all times during my volunteer duties. **Volunteer initials:** _____
 - understand that my service animal is my sole responsibility and that the LHA accepts no risk, liability or responsibility for damages associated with my service animal. **Volunteer initials:** _____

** Service animal identification will be photocopied/recorded & kept with volunteer application

Return this completed application to the cash desk at the Thrift Store, email it, or mail it to the address at the top of the first page. We will contact you by phone for an interview. Each person accepted as a member must pay an initiation fee of \$10.00 (with the exception of Youth Volunteers).

Thank you for your interest in our organization.