



## Vernon Jubilee Hospital Auxiliary

Date:	<i>Office Use:</i> Fall Intake _____ Winter Intake _____ Wait List _____ <div style="text-align: center; font-weight: bold; margin-top: 10px;">             YEAR                    1    2    3    4         </div>
Name:	Address
*Email <i>(Please clearly write your email twice)</i>	Postal Code
*Email:	*Email:
Home Phone:	Date of Birth _____ Age _____
Cell:	GRADE: _____ Graduation Year _____
Shirt Size:	School _____
Emergency Contact Person: and Contact Phone #	Day Preference. Please indicate your 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> and 4 <sup>th</sup> choice. (Friday - depending on the number of Volunteers.) <div style="text-align: center; margin-top: 5px;">             Mon    Tues    Wed    Thurs    Friday         </div>

Why do you want to be a Youth Healthcare Volunteer?

What personality characteristics do you feel you have to bring to the program?

How will this program benefit you?

Do you have any hobbies, skills or special talents (music etc), that you are willing to share with our patients?

Time commitment for Youth Healthcare Volunteers would be at least one 2 hour shift, Monday –Thursdays between 3:30pm – 5:30pm. Other times and days may be available. In order to be an active volunteer you must volunteer at least 8 hours per month. Program runs from September to May.

*\*\*The Hospital Auxiliary sponsors the Youth Healthcare Volunteer program and may ask for your help at some of their fundraising events.*