



**PEACE ARCH  
HOSPITAL  
FOUNDATION**

*The heart of a healthy community*

# VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with Peace Arch Hospital Foundation.

Volunteers are an integral part of our organization and provide tremendous support in helping the Foundation achieve its mission of enhancing health and wellness in our community.

Please fill out the information below and forward to Shonna Breslaw, Officer Donor Relations. We will contact you once your application is received.

## CONTACT INFORMATION

Dr.  Mr.  Mrs.  Ms.  Miss.  PAH Employee Dept: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Under 19: age \_\_\_\_\_

19+ years

We respect your privacy. For information on the Foundation's privacy policy visit [pahfoundation.ca](http://pahfoundation.ca)

## APPLICATION QUESTIONS

1. Please let us know why you are interested in volunteering with Peace Arch Hospital Foundation.

2. Do you currently volunteer with other organizations? Please list organizations and roles.

**Areas of Interest**

- Event support
- Office administration support
- Event Committee support
- Third-Party Fundraising support (support to organizations who are fundraising on the Foundation's behalf)
- All of the above**

**Availability (Office administration support only)**

- Monday AM | MID-DAY | PM
- Tuesday AM | MID-DAY | PM
- Wednesday AM | MID-DAY | PM
- Thursday AM | MID-DAY | PM
- Friday AM | MID-DAY | PM
- Saturday AM | MID-DAY | PM
- Sunday AM | MID-DAY | PM

- Do you have access to transportation? Yes  No
- Have you ever been convicted of a crime that you haven't been pardoned for? Yes  No
- We strive to create an inclusive and supportive environment for all our volunteers. To help us ensure that you have a positive and productive experience, are there any specific needs or accommodations we should be aware of that would assist you in fulfilling your volunteer role effectively? Yes  No  (If yes, a representative from the Foundation will contact you to learn more).

**ACKNOWLEDGEMENT**

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

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

**Please submit completed applications, and required attachments**

**to:** Shonna Breslaw, Officer Donor Relations  
Peace Arch Hospital Foundation  
15521 Russell Avenue, White Rock, BC V4B 2R4

Or submit through email to:  
E-mail: [volunteers@pahfoundation.ca](mailto:volunteers@pahfoundation.ca)  
Phone: 604.535.4520  
Fax: 604.541.5820

Peace Arch Hospital Foundation respectfully acknowledge the history, language, and culture of the Semiahmoo First Nation whose unceded and traditional homeland we conduct our work on.

