

SECTION 10
SAMPLES OF SELECTED
BCAHA FORMS



BCAHA LIFE MEMBERSHIP NOMINATION FORM

Name of Auxiliary _____

Address _____

City/Town _____

Name of Member to be honoured (as it should appear on Certificate)

LEADERSHIP/EXECUTIVE SERVICE

Name(s) of Facility(s) _____ Number of years _____

List executive/convenor positions _____

LONG STANDING RELIABLE SERVICE

Name(s) of facility(s) _____ Number of years _____

List activities and years of involvement _____

List additional time and/or talents contributed to Auxiliary or Facility.

1. Has the individual received recognition or awards from her Auxiliary YES___NO___

If Yes, please list: _____

2. Has the application has been approved by your Auxiliary Executive YES___NO___

3. Please attach a letter outlining why individual deserves a Provincial Life Membership Award.

4. Enclose cheque for fee, i.e. a donation of \$ 200 payable to **BCAHA Tribute Fund**. (If application is declined, cheque will be returned to you.)

5. Send completed package to BCAHA office; send a copy of the application to the Area Director.

Life Membership Nomination Form

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I acknowledge all future dues payable to BCAHA and to the Area Representative for the individual are an obligation, until death of the nominated life member, of the sponsoring Auxiliary. I affirm a copy of this application has been sent to the Area Representative.

Application submitted by: _____ Date _____

Auxiliary: _____ Position _____

Address _____

Telephone _____ E-mail _____

Please mail the completed form and the required fee to:

**BCAHA Secretary
410 Summit Drive, Nanaimo, BC
V9T 5R2**

OFFICE USE

Date application received; _____

Board approval _____

Date presented _____

BCAHA Tribute Fund Youth Bursary Application Form

Page 1 of 2

The British Columbia Association of Healthcare Auxiliaries appreciates the work of Youth Volunteers, and offers one bursary per year to a student seeking financial assistance, who has accumulated at least 100 volunteer hours in an Auxiliary sponsored program and who is enrolled in the second semester of the second or subsequent year of a human healthcare program of studies in a recognized post-secondary institution. Application will be made at that time.

Please be sure to retain this application, the Certificate of Volunteer Hours, and letter of Recommendation from your sponsoring Auxiliary/Volunteer Manager until you enter the second or subsequent year, as you will need to include all of these documents with your application.

Surname_____Given Name_____Initial_____

Student ID Number_____Email Address_____

Permanent Address_____

Phone Number_____

Social Insurance Number_____

Proof of Current Enrolment:

NOTE: Applicants must have this section signed by an official of the Institution.

_____ (name of applicant) is currently enrolled in the second or subsequent year of a human health related program, namely

_____ (program name)

at _____ (college, university)

Name of college or university official (please print)

Title_____

Signature_____Date_____

BCAHA Tribute Fund Youth Bursary Application Form

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Applicants must include the following with the completed application form:

- A letter in 200 words or less indicating future plans and need for financial assistance
- A Certificate received from your Auxiliary/Volunteer Manager confirming the hours you have volunteered
- Proof of enrolment for second or subsequent year in a human health related program
- Letter of Recommendation from your Sponsoring Auxiliary/Volunteer Manager

Application, letter and documents must be received no later than October 1.

Send all required documents to:

BCAHA Secretary
410 Summit Drive,
Nanaimo, BC V9T 5R2

The successful applicant will be notified in writing by December 31st. Funds will be sent to the Post-Secondary Institution by January 15th.

Please include this signed declaration with your application:

I hereby declare that the information on this application is, to the best of my knowledge, correct and complete. If any of the information in this application should change, I understand that it is my responsibility to advise the BCAHA Tribute Fund Committee in writing. I understand that the information I have provided will be used for the adjudication and administration of needs-based awards available through BCAHA. If I am selected as the recipient of the Tribute Fund Bursary, I understand and hereby consent to the publication of my name and photograph in news releases or other media developed by the BCAHA.

Signature of applicant

Date

BCAHA Financial Assistance Fund Application Form

Name of Auxiliary _____

Address: _____

Telephone Number _____ Email _____

Purpose (1) Conference _____ (2) Speaker or Workshop _____

Location _____ Date _____

Name of Delegates _____

Description of Workshop / Speaker's Topic: _____

(1) Conference Expenses

Registration \$ _____

Accommodation \$ _____

Travel \$ _____

Total \$ _____

Amount Requested \$ _____

*Please note:
Annual financial statement must be included with any application.*

Indicate how much your Auxiliary spent on education for your members during the last fiscal year.

Amount spent on education \$ _____

(2) Speaker or Workshop

Budget: Income

Registration fee x number
Registered \$ _____

Donations (if any) \$ _____

Total Projected Income \$ _____

Expenses:

Hall Rental \$ _____

Typing, photocopying,
Audio-visual, etc. \$ _____

Telephone, Fax \$ _____

Speakers' expenses
(Travel, meals, fees) \$ _____

Other \$ _____

Total Projected Expenses \$ _____

Amount Requested \$ _____

BCAHA Statistics Form

BCAHA Secretary

410 Summit Drive, Nanaimo, BC V9T 5R2

Email: info@bchealthcareaux.org Website: www.bchealthcareaux.org

Membership as of December 31, 201__ (including auxiliary life members)

BCAHA Dues \$5.00 X _____ members = _____

Please make cheques payable to BCAHA

Please submit membership dues & completed statistical form to the above address by January 31, 201

Membership is for the year ending December 31, 201_

PLEASE PRINT LEGIBLY

Statistics are for Calendar Year 201__

***If the President does not have email please supply alternate contact in the space provided**

Auxiliary Full (Legal) Name _____ Year Formed _____

Is the Auxiliary a Registered Society Yes _____ No _____

Is the Auxiliary a Registered Charity Yes _____ No _____

Auxiliary Mailing Address: _____

President's Name _____ Phone: _____

President's email address _____

Other Executive Member _____ Email _____

***Alternate Auxiliary contact person name and email address _____**

Youth Volunteer/Volunteer Coordinator's Name _____

Phone _____ Email address _____

Auxiliary website address _____

Membership & Volunteer Hour Information: Number of Members Volunteer Hours

Auxiliary Adult Members (including life) _____ _____

Youth Volunteers _____ _____

Services/Programs(list)_____

Donations:

Health Care Equipment Purchases

\$ _____

Patient comfort Items

\$ _____

Bursaries/scholarships

Number presented _____ Amount of each \$ _____

\$ _____

Other (please provide description) _____ \$ _____

Total donated in 201__

\$ _____

BCAHA Secretary

410 Summit Drive, Nanaimo, BC V9T 5R2

*Please send completed form to your Area Director at above address by
January 31, 201_*

AUXILIARY NAME (LEGAL)

SLATE OF OFFICERS AS OF DECEMBER 31, 201

**if president does not have email, please provide an alternate contact person who may receive electronic communications.*

PLEASE PRINT LEGIBLY

Office	Name	Telephone	e mail
President			
*Alternate contact person			
1 st Vice President			
2 nd Vice President		N/A	N/A
Treasurer		N/A	N/A
Secretary			
PR/Publicity		N/A	N/A
Youth Volunteer Co-ordinator			
Newsletter Editor			

NOTICE OF MID-YEAR CHANGE OF EXECUTIVE

If your Executive members change before December 31, please send this completed form to BCAHA at the above address.

NAME OF AUXILIARY _____

MAILING ADDRESS OF AUXILIARY _____

OUTGOING PRESIDENT NAME _____

EMAIL ADDRESS _____

INCOMING PRESIDENT NAME _____

EMAIL ADDRESS _____

MAILING ADDRESS _____

PHONE NUMBER _____

If new president does not have email, please provide an alternate person who can receive electronic communications:

NAME _____

EMAIL ADDRESS _____

OTHER CHANGES TO EXECUTIVE NAMES _____