

Volunteer Parking Permit Registration Agreement



Applicant

Complete this area. Please print clearly.

Last Name _____
 First Name _____ Middle initial _____
 Home Address _____
 City _____
 Province _____ Postal Code _____
 Home Phone _____
 Cell Phone _____
 Work Phone _____
 Email _____

Vehicle Licence Plate #(s) Only one (1) permit is issued per applicant
Licence Plate #1
Licence Plate #2
Licence Plate #3

Place a check mark in the box beside each Island Health site where the Applicant will be volunteering.

ABH CCS GRH GLH HOS MTH NRGH
 PRH QAC RJH SPH VGH VIC Other

Responsibilities and Terms of Use

Island Health Traffic & Parking Regulations (The Regulations) are available through your Volunteer Manager/Designate or Island Health Parking Services.

- All new and renewal applicants are to review and become familiar with The Regulations and details located on the reverse side of the permit.
 - The permit is registered to the applicant and is only transferable between vehicles registered on this form and driven by the applicant. Only one permit is issued per applicant. This permit will be invalidated if shared.
 - The permit is registered to the applicant and provides for parking in visitor, staff/public scramble parking areas only.
 - The permit is not valid in disability parking stalls (unless it is displayed with a valid approved Provincial disability parking permit).
 - The permit is not valid at street meters, parkades/garages or Outpatient, Emergency, Physician, Reserved and Vancouver Island Cancer Center areas.
 - Volunteers, while not on duty, must not display this permit and must park their vehicles in surface Public lots and purchase posted public parking rates.
 - A Lost/Stolen permit/proximity card must be reported to Island Health Parking Services immediately. The permit/card holder must present valid Photo ID, complete a Lost/Stolen Declaration Form and a non-refundable Administration Fee for replacement of a Lost/Stolen permit/prox card will be applied.
 - How to Exit from the program - When a volunteer resigns/is terminated, the volunteer must return the parking permit to the Volunteer Resources office.
- I having read and understand the Responsibilities and Terms of Use on this registration form.**

Applicant Signature _____ Date _____

Volunteer Resources Manager/Designate

Indicate the type of request in box provided and follow instruction.

- (1) Print form (2) Applicant to complete & sign form (3) Manager/Designate to sign form, enter name & date
 (3) **FAX** to the appropriate Parking office. South Island Parking Fax: 250.727.4055 or Central Island Parking Fax: 250.740.2682

NEW Manager/Designate (signature) _____ (Enter Name) _____ Date _____

RENEWAL (1) Complete form (2) Enter your name & date. *Applicant is not required to sign for renewal.*
 (2) **EMAIL** to the appropriate Parking office.

CANCEL (1) Complete form (2) Enter your name & date. *Applicant is not required to sign a cancel request.*
 (2) **EMAIL** to the appropriate Parking office.

Manager/Designate (Enter Name) _____ Date _____

Parking Services Office Use Only

Permit # _____ Expiry Date _____ Db Entry Date _____ Initials _____
 Issue Date _____ Return Date _____ Db Entry Date _____ Initials _____