



45360 Hodgins Avenue
Chilliwack, B.C. V2P 1P5
Phone: (604) 795-4660
Fax: (604) 795-2476

VOLUNTEER APPLICATION CONFIDENTIAL

Personal Information:

Date: _____

First Name: _____ Middle Name: _____ Surname: _____

Address: _____ Postal Code _____

Home Phone: _____ Other Phone: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____ Other Phone: _____

Date of Birth: _____ (year/month/day)

Can we share your contact information with other Hospice Volunteers? Yes No

I grant permission for photographs/videos, written evaluation comments, or interviews to be used for educational purposes and/or to promote the Programs and Services of the Chilliwack Hospice Society? Yes No

I AM INTERESTED IN VOLUNTEERING IN THE FOLLOWING AREAS:

- Thrift Store
- Events
- Fundraising
- Office Support
- Grounds
- Maintenance
- Client and Patient Volunteers (training required)

Work Experience:

Volunteer Experience during the past five years:

REFERENCES: 3 are required - 1 from your current or most recent employer/supervisor; and 2 people who are not immediate family and who have known you for at least three years.

Name	Contact Number	Relationship

For Office Use:

Date Received: _____

Interview date/time: _____