



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

VOLUNTEER APPLICATION CONFIDENTIAL

Personal Information:

Date: _____

Name: _____

Address: _____ Postal Code _____

Home Phone: _____ Other Phone: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____ Other Phone: _____

Date of Birth: _____ (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
- Visiting and Support Volunteers (training required)

Work Experience:

Volunteer Experience during the past five years:

Please provide two references who you have known for at least three years and are not immediate family:

Name	Contact Number	Relationship

For Office Use:

Date Received: _____

Interview date/time: _____