



# VOLUNTEER APPLICATION

## CONFIDENTIAL

7112 Vedder Rd.  
Chilliwack, B.C. V2R 3T6  
Phone: 604.795.4660

**Personal Information:**

DATE: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Primary 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
- 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: \_\_\_\_\_