

Surrey Hospice Society Volunteer Application Form

CONTACT INFORMATION			
Date	First Name	Last Name	
Address	City	Province	Postal Code
Email		Phone	
Emergency Contact (EC) Name	EC Relationship	EC Phone	

I am interested in: (check all that apply)

- Client Volunteer- 33 hour training course (\$100.00 course fee)
 Office Volunteer Friend of Hospice Event Volunteer

Languages Spoken & Age

Education & Qualifications

Hobbies and Interests

Days and times available

Please list two references:

1st Reference

Name: _____

Email: _____

Phone: _____

Relationship: _____

2nd Reference

Name: _____

Email: _____

Phone: _____

Relationship: _____

Why do you want to be a Surrey Hospice Society volunteer?

What is your past or present volunteer experience? Please indicate the length of your volunteer time and what you did.

How did you hear about the Surrey Hospice Society?

There is an administration fee of \$100 to be payed after application is approved.

- By checking this box I certify that the information I have provided is correct.
- By checking this box I give the Surrey Hospice Society permission to check the references that I have provided.

Applicant Signature

Date