Surrey Hospice Society

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- 30 hour training course (*Training fee involved) *Are you 19 or older ☐

*To volunteer in the hospice and palliative ward you need to be 19+

☐ Event Volunteer (program/education events) ☐ Event Volunteer (fundraising i.e.. Golf, Pub Night)

☐ Friends of Hospice (board members/special skills)

Languages Spoken

_____

_____

_____

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: _____

Surrey Hospice Society

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 to be payed after application is approved. (Please discuss with our volunteer coordinator at linda@surreyhospice.com)

☐ 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