

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:

- Office Volunteer
 Client Volunteer
 Friend of Hospice
 Event Volunteer

Languages Spoken

Education & Qualifications

Hobbies and Interests

Days and times available

Please list two references:

	1st Reference
Name:	<hr/>
Email:	<hr/>
Phone:	<hr/>
Relationship:	<hr/>

	2nd Reference
Name:	<hr/>
Email:	<hr/>
Phone:	<hr/>
Relationship:	<hr/>

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?

- 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