



Surrey Hospice Society

Surrey Hospice Society Volunteer Application Form

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

I am interested in: (check all that apply)

Client Volunteer- 33 hour training course (*Training fee involved)
 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: _____



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 paid 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