



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)

Have you been fully vaccinated for COVID-19? Yes No

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
- Office Support
- 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: _____