

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:

☐ Office Volunteer
 ☐ Client Volunteer
 ☐ Friend of Hospice

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:

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