



**RIDGE MEADOWS
HOSPICE SOCIETY**

**“FRIENDS OF HOSPICE” & THRIFT STORE
VOLUNTEER APPLICATION FORM**

PERSONAL INFORMATION

Date of Application: _____

First Name: _____

Last Name: _____

Address: _____

Postal Code: _____

E-mail Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Do you speak another language? _____ Do you know Sign Language? _____

Date of Birth (optional) _____

Present Occupation: _____

How much time are you able to commit to volunteer work? _____

Date available to start: _____

Type of volunteer activity preferred (circle as many as you are interested in):

- A) Board of Directors
- B) Fund Raising/Special Events (e.g. Gift Wrapping Booth/Headshave/Vistas Run/Hoe Down, etc)
- C) Communications/Public Relations
- D) Administration/Clerical
- E) Thrift Store

What are your past volunteer experiences? Please indicate where and the length of volunteer time.

What are your reasons for volunteering?

Two (2) personal references are required. (No relatives please)
 Please be advised that we will be contacting your references and that we may record personal information that they disclose. If you are in agreement with this, please sign in the space provided.

I _____ give permission to Ridge Meadows Hospice Society, to contact my references and to record personal information for my file.

Reference 1

Name : _____ Phone# _____
 Address: _____ Cell # _____
 _____ Postal Code _____

Reference 2

Name : _____ Phone# _____
 Address: _____ Cell # _____
 _____ Postal Code _____

TO: RIDGE MEADOWS HOSPICE SOCIETY
 BOX 11
 MAPLE RIDGE, BC V2X 7E9

Thank you for your interest in being a Hospice volunteer.
 If you have any questions or concerns, do not hesitate to call the office @ 604-463-7722

Signature: _____ Date: _____

If you selected E) Thrift Store, please complete the following:

The thrift store raises funds to support the work of the Ridge Meadows Hospice Society.

I am interested in:

___ Pricing ___ Sorting ___ electrical ___ books ___ toys ___ misc.
 ___ General housekeeping/tidying shelves/customer service;
 ___ Cashier - Do you have experience? Yes ___ No ___

On the schedule below, please indicate with the letter (A) the times you are available to volunteer.
 Hours are flexible. (We ask for a commitment of 6 months of 1 to 2, 4 hour shifts per week.)

Saturday volunteers are desperately needed.

Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9am - 1pm							
1pm - 5pm							
other							

Do you have any special skills or talents that would be an asset to the store?
 Examples: repairing small appliances, sewing, merchandising, etc.

