



RIDGE MEADOWS HOSPICE SOCIETY

VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Address _____

Postal Code: _____ E-mail Address: _____

Home Phone: _____ Work Phone: _____ Extra Phone: _____

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

Birthday (optional) _____

Present Occupation: _____

Would you prefer: Weekdays _____ Evenings _____ Week-ends _____

How much time are you prepared to commit to Hospice Volunteer work? _____

What days of the week or hours are you able to dedicate to patient care? _____

Type of volunteer activity preferred:

Working with clients: (circle)

- A) The terminally ill and/or loved ones in the hospital
- B) The terminally ill and/or loved ones in their home
- C) The bereaved

Ridge Meadows Hospice Society Support Team: (circle as many as you are interested in)

- A) Board of Directors
- B) Fund Raising
- C) Communications/Public Relations
- D) Education/Training
- E) Administration/Clerical
- F) Special Events

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

There will be a \$ 115.00 charge at time of course date to cover materials and 1 year membership

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: _____

Witness: _____