**Volunteer Application Form**

*Completion of this form does not guarantee placement*

**Personal Information**

 Mr. . Ms. Mrs. Miss Other Preferred First Name:

Last Name: First Name:

Address:

City: Postal Code:

Telephone: Email :

Age Group: 17 - 25 26 - 40 41 + DOB: Month Day:

**Interests**

What has drawn you to volunteer with us at this time? \_\_\_\_\_\_\_\_\_\_\_\_\_

What times and day(s) do you estimate you are available to volunteer?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Mornings to early afternoon |  |  |  |  |  |  |  |
| Late afternoon or evening |  |  |  |  |  |  |  |

Would the times be regular or would they change frequently? Regular Change

If irregular hours are requested, please explain:

**Abilities/Skills**

List any hobbies/interest/experience:

What area(s) of the Society are you interested in:

 McKenney Creek Hospice Community Clients Grief & Bereavement Special Events F Fund-Raising Board of Directors Communications/Public Relations Door Greeter

**References**

Please provide two references (not relatives) that have known you for at least 6 months; one personal and one business or volunteer based. *(Please inform your references they will be contacted).*

Name: Phone number:

Personal Relation to You:

Name: Phone number:

Business/Volunteer Relation to You:

**Emergency Contact**:

Name: Relation to you:

Cell number: Work/home number:

**Parent/Legal Guardian Consent**: (applicants under 19 years of age)

I, , *(Print You Name)* grant my child, *(Child’s Name)* permission to participate in the Volunteer Program at Ridge Meadows Hospice Society.

Signature of Parent/Guardian: Date:

**There is a $60.00 charge at time of training to cover materials and 1-year membership**

I (Print your name) confirm that the information in this volunteer application is complete and true. I understand and agree that any omission or misrepresentation with respect to the information given may be cause for refusal of volunteer placement, or if I am a volunteer of Ridge Meadows Hospice Society, may be cause for immediate termination. I understand that a Criminal Record Check is required for all positions. I authorize Ridge Meadows Hospice Society to contact the references listed and give permission to these references to speak regarding their knowledge of me in respect to this application.

**Signature: Date:**