



4615 Granville Street  
Vancouver, B.C. V6H 3M1  
Phone: (604) 737-7305 Fax: (604) 737-3331

## **VOLUNTEER APPLICATION (General)**

*We appreciate you taking the time to fill out this application. It is meant to give Vancouver Hospice Society the opportunity to get to know you better and understand how you would like to contribute.*

### **Personal Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Other Phone(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Languages Spoken (besides English): \_\_\_\_\_

### **I am interested in volunteering in the following areas:**

- HOB Thrift Boutique - *Women's Clothing & Accessories* (2236 W 41<sup>st</sup> Ave, Vancouver)
- HOB Too Thrift Shop - *Collectibles & Furniture* (3626 W Broadway, Vancouver)
- Fundraising/Events
- Photography/Videography
- Administration
- Grounds/Building Maintenance

**Do you have experience in retail and/or other areas you've indicated above? If so, please describe.**

**Please describe your work experience in the past five years:**

**Please describe your volunteer experience:**

**What are your interests and hobbies?**

**Have you experienced a personal bereavement during the past two years?**

Yes

No

**If yes, please tell us about that experience:**

**How did you become interested in hospice and why do you wish to volunteer?**

**Availability: Check all that apply** (we understand this may change or you may require some flexibility)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**REFERENCES:** Three are required; one from your current or most recent employer, and two from individuals who are not immediate family and have known you for at least three years.

Name	Contact Number and Email	Relationship

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<p><b>OFFICE USE ONLY</b> Interview date: _____ Interviewed by: _____ Comments:</p>
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