

**CASTLEGAR HOSPICE SOCIETY  
VOLUNTEER APPLICATION**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ AGE \_\_\_\_\_ PHONE(H) \_\_\_\_\_

PHONE (W) \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY/CODE \_\_\_\_\_

We require one piece of photo identification (e.g.) BC Driver's License: \_\_\_\_\_

Areas of Interest:     Direct patient contact     Bereavement     Office  
                                  Fundraising                     Public Speaking     Other

Day/Time Available: \_\_\_\_\_  
                                 # of hours per week      days of the week      am/pm      weekends

Current Employer \_\_\_\_\_

Job responsibilities \_\_\_\_\_

List physical limitations/considerations \_\_\_\_\_

*Emergency Notification* \_\_\_\_\_

Name	Relationship
Address	City/Prov/Code
	Phone

**REFERENCES:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/Prov/Code \_\_\_\_\_

Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/Prov/Code \_\_\_\_\_

Phone \_\_\_\_\_ Occupation \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_