



PRINCE GEORGE Hospice Society

VOLUNTEER APPLICATION

We appreciate you taking the time to fill out this application. The information you provide will assist us in placing you in an appropriate volunteer opportunity that will match your skills and interests.

PLEASE PRINT:

Name: _____

Address _____ City/Province _____

Postal Code: _____ Fax _____ Email _____

Phone _____ Best Time to call _____

Person to contact in case of emergency _____

Please describe any medical problems you wish us to know about _____

Current/past paid work experience _____

Education _____

How did you become interested in Hospice and why do you wish to become a volunteer?

Please describe any previous knowledge, education, or experience related to Hospice work:

When are you able to volunteer (weekdays, weekends, mornings, afternoons, evenings)? Be as specific as possible.

Are you willing to volunteer a minimum of 50 hours during the next year? Yes No

Have you experienced a personal bereavement during the past two years? Yes No

Skills and Abilities

Please indicate which skills and abilities you would be interested in sharing with us.

- | | | |
|--|---|--|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Mail-outs | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Antique shows | <input type="checkbox"/> Phone-outs | set up and take down |
| <input type="checkbox"/> Baking | <input type="checkbox"/> Photography | <input type="checkbox"/> Training other volunteers |
| <input type="checkbox"/> Bottle drives, recycling | <input type="checkbox"/> Plant care | <input type="checkbox"/> Telemarketing |
| <input type="checkbox"/> Catering, I have "Food Safe" <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Proposal Writing | <input type="checkbox"/> Volunteer Recruitment |
| <input type="checkbox"/> Decorating | <input type="checkbox"/> Public Speaking | |
| <input type="checkbox"/> Driving, valid BC driver's licence ___ class | <input type="checkbox"/> Publishing, newsletters, posters etc | |
| <input type="checkbox"/> Garage sales/thrift store | <input type="checkbox"/> Reception | |
| <input type="checkbox"/> Golf tournaments | <input type="checkbox"/> Selling raffle/event tickets | |
| <input type="checkbox"/> Heavy Lifting/Moving/Hauling. I have a vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Sewing | |
| <input type="checkbox"/> Host/Hostess | <input type="checkbox"/> Soliciting sponsors / in-kind donations | |
| <input type="checkbox"/> Internet research | <input type="checkbox"/> Sound system/audio knowledge | |
| <input type="checkbox"/> Languages – list other languages you speak _____ | I have access to equipment <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Other _____ | | |

Mail to

Prince George Hospice Society
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Prince George, BC Canada V2L 5N4