



Volunteer Application Form

Please **print** clearly and mail, email or fax back to the address below.

PERSONAL INFORMATION

DATE: _____

Name: _____

Address: _____ City: _____ Postal Code: _____

Phone: _____ Work/Cell #: _____ Email: _____

Do you have previous volunteer experience with Crossroads? _____

Have you volunteered elsewhere? Yes No Where? _____

Please list your skills: _____

Do you speak other languages? _____

How many hours per week can you volunteer? 1-3 hours 1-5 hours More than 5 hours

What city would you like to perform your volunteer activities?

Anmore Belcarra New Westminister Port Moody Port Coquitlam Coquitlam

I am interested in the following areas (please check all that apply)

IN HOSPICE OR COMMUNITY

- Visiting Volunteer
- Administration
- Tea Service
- Gardening
- Art Cart
- Bereavement

IN THRIFT STORE

- Cashier
- Sorting
- General Maintenance
- Recycling
- Retail Sale

SPECIAL EVENTS

- Pre Event Planning
- Décor Set Up/ Take Down
- Registration
- Prize Solicitation
- Publicity
- Community Booths
- Hike for Hospice
- Treasures of Christmas Gala
- Arms Pub Meat Draw

IN OFFICE

- Phoning
- Power Point Presentations
- Mailing
- Database Entry
- Organizing
- Desktop Publishing

AVAILABILITY

- Monday
- Thursday
- Sunday
- Mornings
- Tuesday
- Friday
- Weekends
- Afternoon
- Wednesday
- Saturday
- Week days
- Evenings

FOR OFFICE USE ONLY:	
Interviewed by:	_____
Orientation:	_____
Data entry by	_____

Crossroads Hospice Society

Suite #504 34A-2755 Lougheed Highway, Port Coquitlam, BC
 V3B 5Y9

Tel: 604-945-0606 • Fax: 604-945-9071

info@crossroadshospice.org

www.crossroadshospicesociety.com