

## 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?  2 hours  2-4 hours  More than 4 hours

What city would you like to perform your volunteer activities?

Anmore  Belcarra  New Westminster  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](mailto:info@crossroadshospice.org) •

[www.crossroadshospicesociety.com](http://www.crossroadshospicesociety.com)