



HOSPICE
SOCIETY
PRINCE GEORGE

Volunteer Application Package Prince George Hospice Society

Please fill out the following forms and send completed forms to Volunteer Coordinator at info@hospiceprincegeorge.ca. Or drop off in person/mail to 1506 Ferry Ave Prince George BC, V2L 5H2.

If you have any questions regarding this package please call us at 250-563-2551.

*Thank you for your interest in volunteering at the Prince George
Hospice Society.*

Please indicate which positions you are applying for:

Direct – Guest and Family Support Services

- ☐ Rotary Hospice House Evening Volunteer
- ☐ Hospice Community Support (supporting palliative patients and their families at home)
- ☐ Grief Support (providing one-to-one support to hospice clients)
- ☐ Facilitating Grief Support Groups – Children and Teens or Adult
- ☐ Hospice House Visiting Volunteer (daytime companionship and grief support)



Indirect – Society Support Services

- ☐ Clerical support
- ☐ Household support (grocery shopping, recycling, sewing, etc.)
- ☐ Maintenance and repairs
- ☐ Reception- Solace Center, Monday-Friday

Hospice Resale – Worth Repeating

- ☐ Cashier
- ☐ Marketing
- ☐ Process sorting

Special Events

- ☐ Ticket Writing
- ☐ Ticket Selling
- ☐ Event organization

References

Please provide two references. Work, volunteer, and personal references. (No family members please)

Name: _____ Relationship: _____

Mailing address: _____

Postal Code: _____ Phone: _____

Email address: _____ Is your reference aware? ☐ Yes ☐ No

Name: _____ Relationship: _____

Mailing address: _____

Postal Code: _____ Phone: _____

Email address: _____ Is your reference aware? ☐ Yes ☐ No

Your signature gives the Volunteer Resources Department permission to contact your references.

Signature

Date

Please email your application to info@hospiceprincegeorge.ca and you will be contacted for an interview.

Thank you for your interest in joining the Hospice Team!

Prince George Hospice Society
1506 Ferry Ave Prince George, BC
info@hospiceprincegeorge.ca
www.hospiceprincegeorge.ca



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MEMBERSHIP APPLICATION FORM

Membership Year Jan 1 – Dec 31

As a member you are eligible to:

- Receive our seasonal newsletter
- Notification of ongoing & special events
- Attend the Annual General Meetings
- Vote for the Board of Directors

Name: _____ Date: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone: _____ Fax: _____ Email: _____

- ☐ Annual Individual Society Membership \$25.00
- ☐ Annual Organization Membership (one vote) \$100.00
- ☐ Annual Associate (non-voting) \$10.00
- ☐ Students \$10.00

- ☐ I would also like to include an additional donation of \$_____ in support of Prince George Hospice Society and the compassionate work they do in our community.

New Volunteer: First Year Membership fee is included in training fees

Payment Method:

- ☐ Cash ☐ Cheque (payable to Prince George Hospice Society)
- ☐ Debit ☐ Visa ☐ MasterCard

Credit Card: _____ Expiry: _____ CVV Code: _____

Name on Card: _____

Signature: _____

Membership Card Mailed/Given

Entered into Computer

Charitable Registration # 119103430RR0001