



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.*



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 CLEARLY

Name: _____ Birth date: _____

Address: _____ Postal Code: _____

Phone: _____ Work: _____ Best Time to Call: _____

Cell: _____ Email: _____

Person to contact in case of emergency: _____ Phone: _____

Previous volunteer experience? _____

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

Volunteer Skills and Abilities

Please indicate which skills and abilities you would be interested in sharing with us (check all boxes that apply).

- | | | |
|---|---|--|
| <input type="checkbox"/> Baking/Cooking | <input type="checkbox"/> Cashier Skills | <input type="checkbox"/> Recycling |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Social Media | <input type="checkbox"/> Sorting/Processing |
| <input type="checkbox"/> Grant/Proposal Writing | <input type="checkbox"/> Training Volunteers | <input type="checkbox"/> Set up and Take at Events |
| <input type="checkbox"/> Heavy Lifting/Moving | <input type="checkbox"/> Volunteer Recruitment | <input type="checkbox"/> Reception/ Clerical Duties |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Group Facilitation | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Selling Raffle Tickets | <input type="checkbox"/> General Repairs | <input type="checkbox"/> Listening/Conversation Skills |
| <input type="checkbox"/> Penmanship | <input type="checkbox"/> Computer Skills (excel, publisher, word) | <input type="checkbox"/> Working with Children |

What brought you to Hospice?



1506 Ferry Ave Prince George BC
V2L 5H2 Phone: 250-563-2551
info@hospiceprincegeorge.ca
www.hospiceprincegeorge.ca

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