

# Volunteer Application Package Prince George Hospice Society

Please fill out the following forms and sent completed forms to Volunteer Coordinator at <u>info@hospiceprincegeorge.ca</u>. 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?					
2	lunteer (weekdays, weekends, mc	prnings, afternoons, evenings)? Please be as specific as			

Volunteer Skills and Abilities

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

- □ Baking/Cooking
- □ Gardening
- □ Grant/Proposal Writing
- Heavy Lifting/Moving
- Public Speaking
- □ Selling Raffle Tickets
- □ Penmanship

- □ Cashier Skills
- □ Social Media
- □ Training Volunteers
- □ Volunteer Recruitment
- □ Group Facilitation
- □ General Repairs
- Computer Skills (excel, publisher, word)

- Recycling
- Sorting/Processing
- □ Set up and Take at Events
- Reception/ Clerical Duties
- Data Entry
- □ Listening/Conversation Skills
- □ Working with Children

What brought you to Hospice?

Please indicate which positions you are applying for:

Direct – Guest and Family Support Service	Direct –	Guest and	d Family	Support	Services
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□ 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

- $\hfill\square$  Clerical support
- □ Household support (grocery shopping, recycling, sewing, etc.)
- $\hfill\square$  Maintenance and repairs
- □ Reception- Solace Center, Monday-Friday

#### Hospice Resale – Worth Repeating

 $\Box$  Marketing

 $\Box$  Process sorting

#### References

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

Name:	Relationship:		
Mailing address:			
Postal Code:	Phone:		
Email address:	ls 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.		

Special Events

□ Ticket Selling

□ Event organization

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 <u>info@hospiceprincegeorge.ca</u> www.hospiceprincegeorge.ca





## MEMBERSHIP APPLICATION FORM

Membership Year Jan 1 – Dec 31

<ul> <li>As a member you are eligible to:</li> <li>Receive our seasonal newslet</li> <li>Notification of ongoing &amp; spece</li> </ul>		<ul> <li>Attend the Annual General Meetings</li> <li>Vote for the Board of Directors</li> </ul>			
Name:		Date:			
Address:					
City:	Prov:	Postal Code:			
Home Phone:	Fax:	Email:			
<ul> <li>Annual Individual Society Membership \$25.00</li> <li>Annual Organization Membership (one vote) \$100.00</li> <li>Annual Associate (non-voting) \$10.00</li> <li>Students \$10.00</li> <li>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.</li> <li>New Volunteer: First Year Membership fee is included in training fees</li> </ul>					
Payment Method:					
Cash Cheque (payable t	-	ospice Society)			
Credit Card:	Expiry	/: CVV Code:			
Name on Card:					
Signature:					

Membership Card Mailed/Given

Entered into Computer

Charitable Registration # 119103430RR0001