

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 Westminster Port Moody Port Coquitlam Coquitlam

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

IN HOSPICE OR COMMUNITY

- | | | |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Visiting | <input type="checkbox"/> Tea Service | <input type="checkbox"/> Art Cart |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Gardening | <input type="checkbox"/> Bereavement |

IN THRIFT STORE

- | | | |
|----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Cashier | <input type="checkbox"/> General Maintenance | <input type="checkbox"/> Retail Sale |
| <input type="checkbox"/> Sorting | <input type="checkbox"/> Recycling | |

SPECIAL EVENTS

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Planning and Organizing | <input type="checkbox"/> Prize Solicitation | <input type="checkbox"/> Cashiering |
| <input type="checkbox"/> Sponsorship Solicitation | <input type="checkbox"/> Publicity | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> Decorating /Art | <input type="checkbox"/> Set-up | <input type="checkbox"/> Take Down |

IN OFFICE

- | | | |
|--|---|---|
| <input type="checkbox"/> Phoning | <input type="checkbox"/> Mailing | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Power Point Presentations | <input type="checkbox"/> Database Entry | <input type="checkbox"/> Desktop Publishing |

AVAILABILITY

- | | | |
|-----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Weekends | <input type="checkbox"/> Week days |
| <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evenings |

FOR OFFICE USE ONLY:

Interviewed by:	_____
Orientation:	_____
Data entry by	_____

Crossroads Hospice Society

P.O. Box 1072, Ridgeway Avenue, Coquitlam, BC V3J 6Z4

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