



The Hospice Shoppe

VOLUNTEER REGISTRATION FORM

Last Name _____ First Name _____

Address _____ City _____

Postal Code _____

Phone (home) _____ Phone (work) _____

Phone (cell) _____ Email address: _____

Can we send the monthly newsletter to your email? _____ Yes _____ No

Birth Date: Month _____ Day _____ Age (if under 18) _____

In Emergency, please notify _____ Phone _____

Relationship of Emergency contact to you _____

Are you a member of Nanaimo Community Hospice Society? _____ Yes _____ No

The mission of The Hospice Shoppe is to raise funds to support the work of Nanaimo Community Hospice Society. We appreciate any time you can give, but need a commitment to that time, as we depend upon volunteers to make the Thrift Store run successfully.

AVAILABILITY

On the schedule below, please indicate the days and times you are available (YES/NO)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning 9am-1pm						
Afternoon 1pm-5pm						

SHIFT PREFERENCE

Please indicate what shift(s) you would prefer:

- One shift a week, preferably (specify day) _____ am _____ pm _____
- One day a week (2 shifts), preferably (specify day) _____
- _____ shifts a week, preferably (specify days) _____
- I am NOT available on (specify days) _____
- I would like to be a spare.

If you expect your schedule to change frequently or you would like to spare, please explain. This will help us to respect your schedule and ensure your shifts are filled.

WORK PREFERENCE

Please indicate the areas you would like to work in:

- Organizing and sorting donated items
- Stocking shelves
- Cashier – Experience ____ Yes ____ No
- Specialty items: Boutique clothing, Collectibles, Jewelry, Toys, Books, Household items
- Disposal of goods, packing, driving
- General Help, Cleaning
- Special Events
- Other _____

Signature _____ Date: _____

Privacy Statement: This information is for administration purpose only and will not be used for any other purpose without your further consent.