



Nanaimo Community Hospice Society

1729 Boundary Avenue

Nanaimo, BC V9S 4P3

Phone: 250-758-8857 Fax: 250-758-8502

Email: info@nanaimohospice.com

Website: www.nanaimohospice.com

VOLUNTEER APPLICATION FORM

DATE: _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE: HOME: _____ OTHER: _____

E-mail: _____

DATE OF BIRTH: Date: _____ Month: _____

EMERGENCY CONTACT NAME: _____ PHONE NUMBER _____

Have you experienced the death of someone close to you within the past year? Yes _____ No _____

Previous & present work experience and/or education: _____

Previous volunteer experience: _____

Payment Enclosed (\$125.00 or \$50.00 deposit) may be made by cash, cheque or credit card

Cheque Made Payable to Nanaimo Community Hospice Society

CREDIT CARD: Master Card: _____ Visa _____ Amount: _____

Credit Card # _____ Expiry Date: _____