



Volunteer Application

Please Submit this application to Volunteer Coordinator

Personal Information

Full Name: Preferred Name:

Preferred Phone: Email:

Address: Apt #:

City: Province: Postal Code:

Birthday (M,D,Y): Preferred Pronouns:

Emergency Contact Information

Name: Relationship with this contact:

Preferred Phone: Email:

Employment/Volunteer Experience

	Organization:	Position:	Date:	Duties/Skills used:
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

References

	Name:	Phone Number or Email:	Relationship:
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

Volunteer Position

How did you hear about ARCH and why would you like to join our team?

What type of volunteering are you interested in?

Direct Volunteering

- Palliative
- Complementary Therapy
- Grief and Bereavement

Indirect Volunteering

- Reception
- Maintenance
- Housekeeping
- Gardening/Landscaping
- Kitchen
- Office
- Fund Development and Events

Please list below if you are interested in more than one area:

If interested in offering a complementary therapy please specify:

Availability

	SUN	MON	TUES	WEDS	THURS	FRI	SAT
8am-11am							
11am-2pm							
2pm-6pm							
On-Call							

Signature of Applicant

Full Name:

Date:

Signature:

Once this document is filled out, please save this document and send to busuttij@archhospice.ca