

Our Vision

Creating a caring community that values quality living and dying.



Peace Arch Hospice Society THRIFT STORE Volunteer Application Form

Date _____
MM/DD/YY

Last Name _____

First Name _____

Address _____

City _____

Postal Code _____

Email Address _____

Home Phone _____

Work/Cell Phone _____

Birthday _____

Volunteer/Work Experience

Organization	Position/Role/Responsibilities	Dates

Please Include References (one work or volunteer related reference if possible)

Name	Phone Number	Email

Please indicate the days and times you are available on the schedule below

Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00-1:00						
11:00-3:00						
1:00-5:00 (12-4 Saturdays)						
3:30-5:00 (Students Only)						X

I am willing to be "on call": yes no

Would you like to become a member of the Peace Arch Hospice Society? Yes No

Annual Membership Fee is \$20

Area(s) you are interested in:

- Cashier: Do you have cashier experience: yes no
- Cash Desk Assistants and Floor Staff- Assisting Customers, Stock Rotation, Cleaning, Stocking Racks and Shelves
- Stockroom - Receiving Sorting, Pricing, Cleaning
- Furniture Donation Pick-up or Customer Purchase Deliveries
- Disposal of Goods: electronics/plastics recycling, etc.
- Special Work Parties: seasonal merchandising changes, etc.
- Special Projects: admin/finance, community outreach, etc.

I have experience or expertise in the following area _____

How did you hear about us? _____

Applicant's Signature _____

If you have any questions or concerns please contact the Coordinator of Volunteers, email ts.cov@peacearchospice.org or call the store, 604-538-7600.

OFFICE USE ONLY

Interview Date: _____

Training Dates: _____

Start Date: _____

Notes: _____
