

Peace Arch Hospice Society
THRIFT STORE
VOLUNTEER APPLICATION FORM



(Please print)

*(*Volunteers must be 16 years of age or older.)*

Date: _____

***Date of Birth:** _____
(Insurance Purposes)

Applicants Name: _____
First Name Last Name

Address: _____

City: _____ **Postal Code:** _____

Home # _____ **Cell #** _____

Email Address: *(required for us to regularly communicate to you)*

How did you hear about the Peace Arch Hospice Society Thrift Store?

Newspaper/Media: _____ Brochure: _____ Friend: _____ Website: _____ Other: _____

Are you currently employed or going to High School/College/University?

Name of work/school

Title/Position /Area of study

Previous and/or Current Volunteer Experience:

Please share some information regarding your employment history.

(Include occupation and organizations or attach your resume.)

Why are you interested in volunteering for the Peace Arch Hospice Society Thrift Store?

What is your understanding of Hospice?

What skills and characteristics do you feel you can incorporate into your Hospice Thrift Store volunteer work? Please list any experience related to retail store.

Do you have any expertise in the following areas?

- Jewelry Books Vintage (Collectables)
 Other _____

[Please check all the areas you're interested in volunteering:](#)

- Cashier (Do you have cashier experience? Yes No)
 Cashier Assistant
 Floor Retail Support
 Receiving
 Project Work

Please describe any physical or other limitation we should know about for your personal safety and to help us place you in the best-suited role:

Please indicate (✓) the days and times you are available on the schedule below:

Departments	Shift	Mon	Tue	Wed	Thu	Fri	Sat
Cashier AM	10am - 1pm						
Cashier PM	1pm - 4pm						
Floor AM	10am - 1pm						
Floor PM	1pm - 4pm						
Receiving AM	10am - 1pm						
Receiving PM	1pm - 4pm						
On-Call: Please indicate which shift(s) & day(s)							

Applicants Under 18 Years Old - Parent Legal Guardian Consent:

I accept the responsibility for my child/dependent’s safety and security and personally undertake to have my child/dependent act in a responsible and safe manner as well as to adhere to the volunteer code of conduct.

I, _____ give my child _____ permission to volunteer at Peace Arch Hospice Society Thrift Store.

Signature of Parent/Guardian: _____ Date: _____

You can drop off or mail your completed application to either:

Peace Arch Hospice Society
 Thrift Store
 15562 - 24th Avenue
 South Surrey, BC V4A 2J5
Attention: Manager

Peace Arch Hospice Society
 Supportive Care Centre
 15435 - 16A Avenue
 South Surrey, BC V4A 1T2
Attention: Thrift Store Manager

or email to thriftstore@pahospicesociety.org

Thank you for your interest to volunteer for Peace Arch Hospice Society Thrift Store. Your application will be kept on file for 90 days. Please note that collection of your information will remain confidential in accordance with the British Columbia Personal Information Privacy Act. All volunteers are required to complete a Police Record Check. Training requirement may change, refer to Coordinator for full guidelines.