

Peace Arch Hospice Society
THRIFT STORE
VOLUNTEER APPLICATION FORM



Our Vision: Creating a caring community that values quality living and dying.

(Please print)

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

Applicants Name: _____
First Name Last Name

Address: _____

City: _____ **Postal Code:** _____

Home # _____ **Cell #** _____

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

Emergency Contact Name: _____

Contact Phone # _____ **Relationship:** _____

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

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.

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 (special hours)
Cashier AM	9:30-1:30						9:30-1:30
Cashier PM	1:00-5:30						1:00-4:30
Floor AM	9:30-1:30						9:30-1:30
Floor PM	1:00-5:00						12:00-4:00
Receiving AM	9:00-1:00						9:00-1:00
Receiving PM	1:00-5:00						12:00-4:00
Students Only (School Hours)	3:30-5:00						Any Shift
On-Call <i>Please indicate which shift(s) & day(s)</i>							

Please provide us with 1 professional and 1 personal reference:

1. **Name:** _____

Title/Relationship: _____

Home Phone: _____ Cell: _____

Email _____

2. **Name:** _____

Title/Relationship: _____

Home Phone: _____ Cell: _____

Email _____

I give my permission to contact the references.

Signature: _____ Date: _____

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: Coordinator of Volunteers

or email to cov@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 over the age of 19 are required to complete a Police Record Check. Training requirement may change, refer to Coordinator for full guidelines.