

Pals Volunteer Application Form

Date:	Name:	Mail Address:
Phone Number:	Cell Number:	Email:

1. Are you presently employed? If yes where?

2. Please describe your work experience in the last five years.

3. Please describe your past volunteer experience.

4. What are your interests and hobbies?

5. As a volunteer you may experience situations that can be emotionally stressful. What support systems do you have in place in your personal life?

6. How did you first become interested in becoming a Pals volunteer?

CONFIDENTIAL

Please provide two personal references.

1. Name: _____

Phone Number: _____

Email: _____

Cell Phone: _____

2. Name: _____

Phone Number: _____

Email: _____

Cell Phone: _____

***Your signature gives Revelstoke Hospice Society permission to contact your references.*

Signature

Volunteer Emergency Contact	Name: Phone Number:
------------------------------------	--------------------------------------

Revelstoke Hospice Society Office Notes Only	Volunteer Checklist
Date Application Received:	Criminal Record Check: Y N
Date Interviewed:	Approved for training?: Y N
References Reviewed?: Y N	Confidentiality Form Completed: Y N

Comments: