

# VOLUNTEER APPLICATION



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[cowichanhospice.org](http://cowichanhospice.org)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: *home* \_\_\_\_\_ *cell* \_\_\_\_\_

Email address: \_\_\_\_\_

Thank you for taking the time to tell us about yourself by answering these questions. If you need more space, please attach a separate document. Our Volunteer Coordinator will be in touch with you soon to discuss next steps.

1. What do you expect or hope to receive from volunteering with Hospice?

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2. What type of volunteering are you interested in?

- ☐ Office Reception      ☐ Donor Thank-You Calls      ☐ Other  
☐ Computer Support      ☐ Garden Work

3. What are some of your interests and hobbies?

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4. How familiar are you with the Cowichan Valley and its diverse communities?

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5. Do you have special skills (i.e., languages, cultural awareness/experience, public speaking, event planning, technology) that might be beneficial to Hospice?

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*May 17, 2022*

6. What is your level of comfort and familiarity with using computer programs (e.g., Microsoft Office programs like Word, Excel, Calendar and/or database programs)?

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7. How comfortable are you engaging with the public?

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8. What kind of supervision do you prefer?

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9. How many hours are you available for volunteering per week or month? What are the best times of day or week for you to volunteer?

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10. Is there anything else you would like us to know about you?

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**References:**

Please provide two letters of character reference along with this application. Letters of reference can be mailed, faxed to 250-701-4243 or emailed to [tina@cowichanhospice.org](mailto:tina@cowichanhospice.org) (Volunteer Program Coordinator).

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Cowichan Hospice**  
Caring for families through advancing illness  
and grief since 1981