



Delta Hospice Society
comfort, meaning, dignity and hope

Hospice Cottage Thrift Store Volunteer Registration Form

Application _____
 MM/DD/YYYY

Start _____ Inactive _____ Reactivated _____
 MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

Last Name _____ First Name _____

Address _____ City _____

Postal Code _____ E-mail address _____

Home Phone _____ Work/Cell Phone _____

Birthday _____ Age if younger than 19 _____
 MM/DD

Emergency contact name _____ Tel # _____

Relationship of emergency contact to you _____

Would you like to become a member of the Delta Hospice Society? Yes No
 The annual membership fee is \$10

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

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

I am available to be a spare on _____

Please note any additional information about your availability to volunteer:

These are the roles I am interested in:

- Cash Desk Experienced Yes No (requires a current criminal record check showing no convictions)
- Customer Service & keeping store tidy
- Sorting goods Special Work Parties
- Pricing goods Disposal of Goods

Applicant's Signature _____