



*Quesnel & District Hospice Palliative Care Association*

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[www.QDHPCA.org](http://www.QDHPCA.org)

## Indirect Care Palliative Volunteer Application

Application Date: \_\_\_\_\_

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

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

\_\_\_\_\_

Phone number: (Home) \_\_\_\_\_

(Cell) \_\_\_\_\_

(Work) \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Do you have a valid license to drive? ☐ Yes ☐ No

Do you have access to a vehicle? ☐ Yes ☐ No

Language(s) spoken: \_\_\_\_\_

Please check all areas of interest to you:

☐ Special Events and Fundraising

☐ Public awareness presentations

☐ Hospice Decorating

☐ Hearts for Hospice Gala

☐ Gardening

☐ Bedside singers

☐ Hike for Hospice

☐ Pet therapy

☐ Musicians

☐ Event Decorating

☐ Website researchers

☐ Website writers

☐ Event Clean-up

☐ Other \_\_\_\_\_

How did you hear about our volunteer program?

☐ Social Media

☐ QDHPCA Website

☐ Friends/Family

Other: \_\_\_\_\_