



Langley Hospice Society Friends of Hospice Application

Mission Statement

Langley Hospice Society, a community-based, non-profit organization, provides compassionate support to help people live with dignity and hope while coping with grief and the end of life.

Friends of Hospice is a group of people committed to supporting the work of the Langley Hospice Society in all non-client related areas

Name: _____

Address: _____ Postal Code: _____

Phone #: _____ (R) _____ (W) _____

Email address: _____

Date of Birth: (mm/dd/yy) _____

Present Occupation: _____

Prior Volunteer Experience: _____

Please indicate your other area (s) of interest.

**Fundraising/special events/
community events**

Newsletter

Quilting & Knitting Group

Thrift Store – Second Story Treasures

House Maintenance

Brochure Distribution

Office

**I agree that my name and/or photograph may be used for Society purposes. Yes ___ No ___
I will support the goals and policies of the Langley Hospice Society and Langley Hospice
Foundation.**

Signature

Date

Please supply the names and telephone numbers of two references from your previous work experience or volunteer related experience and a character reference. Please do not use relatives as references.

1. _____

2. _____

(Over)

DECLARATION

I hereby declare that the above information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from further consideration as a volunteer or result in dismissal.

Signature: _____ **Date:** _____

Authorization for collection of personal information

I, _____, authorize _____
(name of applicant) (name of organization)

to collect personal information appropriate to the position applied for concerning my volunteering history, and to verify the character references I have supplied.

I understand that the information obtained will be confidential but may be shared with relevant organizations in order to obtain an appropriate volunteer position.

Signature: _____ **Date:** _____