



# Quesnel & District Hospice Palliative Care Association

BOX 4537, QUESNEL, BC, V2J 3J8 PH: 250-985-5816 FAX: 250-992-5216  
Email: info@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: \_\_\_\_\_

*Making the Road Less Lonely*