



## Elk Valley Hospice

PO Box 670, Fernie BC V0B 1M0

Phone: 250-423-4453 ext 38109 / Email: elkvalleyhospice@gmail.com

Website: www.elkvalleyhospice.com

### Membership/Volunteer Application or Renewal Form

#### CONTACT INFORMATION

First Name

Last Name

Group/Business Name

Address

City

Province

Postal Code

Email

Phone

#### MEMBERSHIP INFORMATION

##### Membership Type

New Membership

Renewal

#### VOLUNTEER INTEREST

Hospice / End-of-Life Volunteer Companion

Bereavement Volunteer Companion

Assisting at Events

Hospice Board

Hospital Kiosk

Other

None

#### FOR ADMINISTRATION

Date of receipt: \_\_\_\_\_  Entered into Membership/Volunteer Master Spreadsheet

##### For New Volunteers:

Confidentiality Agreement Signed

Photo Consent Signed

Proof of Covid and Influenza Vaccination Provided (if applicable)

Proof of completion of End-of-Life or Bereavement Companion Training (if applicable)

MAiD Policy Signed (if applicable)

Criminal Record Check Completed (if applicable)