

ELK VALLEY & AREA



## Elk Valley & Area Hospice

PO Box 670, Fernie BC V0B 1M0  
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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

End-of-Life Companion       Bereavement 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)