



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

☐ Policy and procedure manual received

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

☐ MAiD Policy Signed (if applicable)

☐ Criminal Record Check Completed (if applicable)