



## Elk Valley & Area Hospice

PO Box 670, Fernie BC V0B 1M0

Ph: 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

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)