

BURNABY HOSPICE SOCIETY
Thrift Store

VOLUNTEER REGISTRATION

First Name _____ Last Name _____

Address _____ City _____ Postal Code _____

Phone (Home) _____ (Cell) _____ (Work) _____

Email Address _____

Emergency Contact:

Name _____ Phone Number _____

Medical Information:

Medical Concerns if any _____

Medications if any _____

Membership:

Are you a member of the Burnaby Hospice Society? Yes _____ No _____

Annual Membership fee is \$20.00. Would you like to become a member? Yes _____ No _____

SIGNED _____ **DATE** _____

MISSION STATEMENT

*To provide compassionate care to individuals and families
during the dying and grieving process and to educate the community
about death and dying.*

THANK YOU FOR YOUR SUPPORT!

On the schedule below, please indicate (✓) when you are available.

Shifts	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00am - 1:00pm							
12:30pm - 4:30pm							
4:00pm - 7:00pm	N/A						

You can start on _____

AREA(S) YOU ARE INTERESTED IN:

- Cashiering – experience: yes _____ no _____
- Cash Desk Assistants and Floor Staff - Assisting Customers, General Maintenance of Store
- Clothing – Sorting, Cleaning, Ironing, Pricing
- General Merchandise – Sorting, Cleaning, Pricing
- Furniture – Cleaning, Moving, Repairing, Pricing
- Books – Sorting, Pricing
- Donation Receiving – Sorting, Loading and Unloading
- Electronics – Sorting, Cleaning, Repairing, Pricing
- Miscellaneous Tasks

Office Use Only

Pre-Orientation Notes: _____

Orientation Date: _____

Orientation Notes: _____

Starting Date: _____ Last Day: _____

Reason for Leaving: _____