



Victoria Hospice
#2 - 1315 Cook Street
(250) 361-4966
ThriftBoutique@shaw.ca

Thrift Boutique Volunteer Application

Full Name: _____

Address: _____

City: _____ Postal Code: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

I heard about volunteering at the Thrift Boutique from: _____

My reasons for volunteering at the Thrift Boutique are: _____

My related work / volunteer experience includes: _____

I have been a volunteer before: Yes: No:

If Yes, please specify where: _____

I have some physical restrictions that may limit my ability to perform all the duties at the Boutique: Yes: No:

If Yes, please specify: _____

Work / Volunteer References

Those that are familiar with my abilities as a worker and/or volunteer:

Name: _____

Phone: _____

Email: _____

Page |
2

Name: _____

Phone: _____

Email: _____

By signing and submitting this Volunteer Application, I acknowledge this information is true and accurate. I authorize Victoria Hospice Thrift Boutique to obtain references from the individuals listed above.

Signature

Date

Victoria Hospice Thrift Boutique thanks you for your interest!

Please send your completed application to:

**Victoria Hospice Thrift Boutique
#2 – 1315 Cook Street, Victoria BC V8V 4A3**

For more information on how you can support us, please visit www.victoriahospice.org

Personal Information is collected on this volunteer form pursuant to Section 11 of the *Personal Information Privacy Act*. The information will be used for the sole purpose of the Victoria Hospice Society to recruit and track your volunteer activities. All information will be retained in a lock cabinet and a secure database.