



# 2019 SIGNATURE EVENTS VOLUNTEER APPLICATION FORM

Please return this form to Sandra Rosewarne, Signature Events Coordinator, srosewarne.hospiceh@vianet.ca

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please indicate (check) below ALL of the volunteer positions that interest you:

### Committee Work Volunteer

- Hike for Hospice Committee** (meetings from Nov. 2018 to May 2019)
- Hike for Hospice - Purple Tea & Silent Auction Committee** (meetings from Nov. 2018 to April 2019)
- Hike for Hospice - Purple Boot Committee** (March to April 2019)
- Swim for Hospice Committee** (meetings from May 2019 to August 2019)

### Day of Event Volunteer Only

- Hike for Hospice Purple Tea** (Saturday, April 13, 2019)
- Hike for Hospice Silent Auction** (Saturday, April 13, 2019)
- Hike for Hospice** (Sunday, May 5, 2019)
- Swim for Hospice** (TBD - Summer 2019)

### Promotional Days Volunteer

- I would like to help distribute Hospice Huntsville literature promoting signature events and answering questions at various locations, on an occasional basis.

Do you have any physical or medical restrictions that may affect your function as a volunteer?	No _____ Yes _____
Do you have any allergies?	No _____ Yes _____
Are you comfortable counting or handling money?	No _____ Yes _____

Personal information on this volunteer application form is collected and will only be used to maintain a record of an individual as it pertains to volunteer activities within Hospice Huntsville, unless disclosure of such information is compelled by law. Confidential.

**Thank you for sharing your time and talents with us!**