



Kamloops Hospice Association

FLUTTER BUYS THRIFT STORE

VOLUNTEER APPLICATION FORM – CONFIDENTIAL

#14-1800 Tranquille Road, Kamloops, BC V2B 3L9

EMAIL: flutterbuys@kamloopshospice.com

www.kamloopshospice.com

Date: _____

Name: _____ Phone Number: _____

Email: _____

Address: _____

Emergency Contact Name and Phone Number: _____

Present Occupation: _____

Previous Volunteer Experience: _____

What special skills will you bring to Hospice: _____

Thank you for your application to join our team!

Please submit this application to Flutterbuys Manager in person or by email

We will be in touch with further details and directions for completing a Criminal Record Check

For Administrative Purposes Only

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CRC Date: _____

CRC reviewed and returned to volunteer:

Orientation reviewed and given to volunteer: Date: _____