



HOSPICE
King-Aurora
 350 Industrial Pkwy S. Aurora, ON L4G 3V7
 Telephone: 905-727-6815 Fax: 905-727-1134
 Email: info@hospicekingaurora.ca

VOLUNTEER APPLICATION

18 years & under

Revised July 2013

Name: _____
first name last name

Address: _____ City: _____

Postal Code: _____ Home Phone: _____

Cell Phone: _____ E-mail: _____

How did you learn about HKA? Friend/relative Newspaper Internet other _____

What has triggered your interest in becoming an HKA volunteer? _____

REFERENCES:

HKA requires 2 reference checks for all volunteers. Please list two people (other than immediate family) who have known you for a minimum of two years.

Name	Relationship	Telephone	Email

VOLUNTEER'S EMERGENCY CONTACT:

Name: _____ Relationship _____

Daytime Phone: _____ Evening Phone _____

If you are under nineteen (19) years of age the following must be signed by your parent(s) or legal guardian(s).

I _____ give permission for my son/daughter named above to volunteer at Hospice King-Aurora. I will support my son/daughter in this undertaking and will endeavour to help him/her fulfill his/her commitment to the program.

 (Parent/guardian signature) Date: _____