



Stratford Perth Hospice Volunteer Application

Thank you for your interest. This form can be faxed to 519-271-4472, emailed to stratfordperthhospice@gmail.com, or dropped off at Romeo Optometry, 376 Romeo St. S, Stratford, ON.

Name	
Email	
Phone	

How I would like to help: Please check all that apply

<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Administrative Support(database,website,correspondence,etc)
<input type="checkbox"/>	Presentations	<input type="checkbox"/>	Hospice Volunteer (training will be provided)
<input type="checkbox"/>	Finance (accounting, investing)	<input type="checkbox"/>	Other (please specify in box below)
<input type="checkbox"/>	Construction/Renovations	<input type="checkbox"/>	Add me to the information email list

If this page or attach resume.

What special skills, training or qualifications are you offering to the Hospice Project?
