



## **Volunteer Application Form**

Notes / Comments:

Please submit all completed forms to: info@pcsbv.ca

If you need assistance, please call 403-707-7111

**Please Note:** We truly appreciate your desire to volunteer with the Palliative Care Society of the Bow Valley! A member of our team will be in touch with you about your application as soon as possible. Thank you.

Date of application (YYYY/MM/DD): **Applicant Details:** Name: Pronouns: Phone: Email: Address: Preferred method of communication: Email Phone Other: Why type of volunteer opportunity are you interested in? Compassionate Companion Dementia Care Team Admin / Events Committee Member **Board Member** Complementary Care Practitioner Do you have accessibility concerns: Mobility, vision, hearing, or cognitive disability, neurodivergent condition, mental health condition, wheelchair accessibility etc. How did you hear about the Palliative Care Society of the Bow Valley? Community Agency (i.e. FCSS): Friend / Family Social Media Rocky Mountain Outlook Google Search Other: