



FRIENDS OF HOSPICE

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Phone: 232-0859 Fax: 232-2844

Email: Friendsofhospice@bhb.bm

Agape House Volunteer Form

Date of Application _____
Day Month Year

Date of Birth _____
Day Month Year

Name Mr/Mrs/Miss/Ms _____
Surname First Middle

Address _____

Home Phone# _____ Work # _____ Cell # _____

Email _____

Emergency Contact (name) _____ Contact phone # _____

Names and contact numbers for two personal references: _____

Volunteer Service (please circle your interests): Companionship the Dying Meal Service Reception
Driving (C.S. license) Events / Fundraising Office Assistance Special Projects Other

Available days and times: _____

Available days and times for companionship the dying:

At Agape House _____

For home visits in the community: _____

Parishes that I am able to visit: _____

Signature _____

For Office Use Only:

Date Started _____ Work Area _____ Days/Times _____

Orientation Completed _____ Confidentiality Form on File/Badge Acquired _____