



FRIENDS
of
HOSPICE

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Hamilton, HM 11
Bermuda

Agape House Volunteer Form

Date of Application _____ Date of Birth _____
Day Month Year 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): Meal Service Driving (C.S. license) Reception

Fundraising Gardening Office Assistance Special Projects Other _____

Available days and times: _____

Signature _____

For Office Use Only:

Date Started _____ Work Area _____ Days/Times _____

Orientation Completed _____ Confidentiality Form on File/Badge Acquired _____