FRIENDS OF HOSPICE
Suite 124, 48 Par la Ville Rd., Hamilton HM 11
Phone: 232-0859 Fax: 232-2844
Email: hospice@bermudahospitals.bm

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: ____

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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 ____

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For Office Use Only:

*Date Started*_____________ *Work Area*________________ *Days/Times* ___________________________

Orientation Completed _____________ *Confidentiality Form on File/Badge Acquired*_________
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