



PLEASE COMPLETE
AND MAIL TO:
Huron Hospice Volunteer Service
24 Centennial Drive
P.O.Box 99
Seaforth ON N0K 1W0
Tel: 519-527-0655
e-mail: hospice@bmts.com

VOLUNTEERS
are the cornerstone of our organization.

If you believe you can help, please fill in this form and send it to us.

Mr., Miss, Mrs., Ms., _____

First Name _____

Last Name _____

Address _____

Town/City _____

Postal Code _____

Home Phone () _____

Work Phone () _____

E-mail (Home) () _____

Cell phone (optional) () _____

May we contact you at work Yes No

THANK YOU FOR YOUR INTEREST!