



# HOSPICE SOCIETY OF THE COLUMBIA VALLEY

**Get Involved with Hospice!  
Become a Member  
Make a Donation  
Volunteer**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/PO Box City/Prov Postal Code

Phone(s): \_\_\_\_\_ Email \_\_\_\_\_

boxes to indicate what you wish to do & complete as required:

**Become a Member**

Membership year is April 1-March 31

- Fee: \$20
- Cash \_\_\_\_\_ Cheque \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ Debit \_\_\_\_\_

OFFICE USE: Deposit \_\_\_\_\_ DP Member & Gift \_\_\_\_\_ CC \_\_\_\_\_

**Make a Donation**

Donations of \$25 and over receive a tax receipt

- Amount \$ \_\_\_\_\_ Cash \_\_\_\_\_ Cheque \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ Debit \_\_\_\_\_

OFFICE USE: Deposit \_\_\_\_\_ DP Donor & Gift \_\_\_\_\_

**Make a Memorial Donation**

Donations of \$25 and over receive a tax receipt

- Amount \$ \_\_\_\_\_ Cash \_\_\_\_\_ Cheque \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ Debit \_\_\_\_\_
- My donation is in memory of:

Name \_\_\_\_\_

- Please notify the following person of my memorial gift:

Name \_\_\_\_\_

Mail Address \_\_\_\_\_

Email \_\_\_\_\_

OFFICE USE: Deposit \_\_\_\_\_ DP Donor & Gift \_\_\_\_\_

**Volunteer**

Brief descriptions of volunteer opportunities are on the back of this form. Take a moment to review them, then come back here to check off those in which you are interested.

- \_\_\_\_\_ End of Life Visitor
- \_\_\_\_\_ Bereavement Visitor
- \_\_\_\_\_ Event Coordinator
- \_\_\_\_\_ Event Committee Member
- \_\_\_\_\_ Event Volunteer
- \_\_\_\_\_ Blanket Butterfly
- \_\_\_\_\_ Member of the Board of Directors
- \_\_\_\_\_ Member of a Board Committee
- \_\_\_\_\_ Strategic Planning Committee
- \_\_\_\_\_ Events Committee
- \_\_\_\_\_ Finance Committee
- \_\_\_\_\_ Fundraising Committee
- \_\_\_\_\_ Liaison Committee
- \_\_\_\_\_ Sponsorship Committee
- \_\_\_\_\_ Occasional Opportunities
- Briefly describe previous volunteer experience & skills (use back of page if required) or provide a resume:

OFFICE USE: DP Vol \_\_\_\_\_ CC \_\_\_\_\_

**Please return form to the Hospice Society Office**

*In person:* #103, 926 7<sup>th</sup> Ave, Invermere (open noon-4 pm weekdays)  
*Email:* office@hospicesocietycv.com *Mail:* Box 925, Invermere, BC V0A 1K0  
For information phone 778-526-5143

## Volunteer Opportunities

### End of Life and Bereavement Visitors

- **End of Life Visitors** provide companionship, support, understanding and compassion to those diagnosed with a terminal illness diagnosis and their caregivers.
- **Bereavement Visitors** provide support to those who have lost loved ones and are struggling with the intense emotions associated with grief, loss and bereavement.

**NOTE:** End of Life and Bereavement Visitors must successfully complete an extensive screening and training process. An RCMP Vulnerable Persons Check is required.

### Events

- **Event Coordinator:** coordinates all aspects of one of four events held annually –Butterfly Gala, Hike, Butterfly Barn Dance, Tree of Lights
- **Event Committee Member:** helps plan the event; may head up a specific area (eg food, beverage, entertainment, silent auction, decoration); assists on the day of the event
- **Event Volunteer:** assists on event day (eg set-up, registration, ticket taking, clean up...)

### Blanket Butterfly

Crochet or knit shawls or blankets for visitors to give to their clients.

### Member of the Board of Directors

The Board of Directors is a governance and working board that meets every month except August. The directors are the fiduciaries who steer the organization towards a sustainable future by adopting sound, ethical, and legal governance and financial management policies, as well as by making sure the organization has adequate resources to advance its mission. Board Committees (see below) are established to support the work of the board. Each committee is chaired by a board member.

### Member of a Board Committee

You do not have to be a member of the board of directors to serve on a board committee. A board member acts as chair of each of the following committees:

- **Strategic Planning Committee:** responsible for developing the Business Plan and the Business Case for the Hospice Society of the Columbia Valley.
- **Events Committee:** responsible for planning and executing four events annually held by the Hospice Society of the Columbia Valley (Butterfly Gala, Hike, Butterfly Barn Dance, Tree of Lights). There is a planning committee for each of these events.
- **Finance Committee:** responsible for the budget and all budget recommendations to the Board.
- **Fundraising Committee:** responsible for the annual silent and live auctions for the Barn Dance and the Gala.
- **Liaison Committee:** facilitates communication between the board of directors and the education, medical and volunteer communities.
- **Sponsorship Committee:** Responsible for creating and maintaining key partnerships.

### Occasional Opportunities

Throughout the year opportunities exist to assist at events such as annual flu clinics, Valley Appreciation Day and public awareness events hosted by the Hospice Society. Depending on the event, volunteers may help with setting up, welcoming participants, taking registration, selling memberships. Volunteers also distribute event posters throughout the Valley, assemble binders used for training, and are contacted to assist in other ways as needs arise.

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Previous Volunteer Experience/Skills continued from front of page: