



Volunteer Application

PERSONAL INFORMATION

Name: _____ Date: _____

Street Address: _____

City, Prov., Postal Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

E-mail Address: _____

Occupation/Employer: _____

Age of Majority: Yes ___ No ___

Male ___ Female ___

GENERAL INFORMATION

Why do you want to become a Hospice Volunteer? _____

Have you recently experienced the death of someone close to you? _____



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Availability

Weekdays: Mornings ____ Afternoons ____ Evenings ____

Weekends: Mornings ____ Afternoons ____ Evenings ____

Can you commit to volunteering 3-4 hours weekly? Yes ____ No ____

Please Indicate How You Would Like To Help

Direct Client Care ____ Office Admin ____ Help with Events & Fundraising ____

Please describe any previous experience you may have as a volunteer:

What other skills, experience or special interests do you have? (For example, massage, card games, gardening, computers, music, reflexology, dancing) _____

Please give a brief outline of your educational and/or your professional background.

Do you speak any languages other than English? Please specify: _____

Training consists of 36 hours and costs \$35.00. Can you commit to this? Yes ____ No ____



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OUR POLICY

All volunteers must provide a recent copy (within one year) of a Vulnerable Sector Check. This can be obtained from your local police or the Ontario Provincial Police (OPP)

All volunteers are requested to provide two references with this application.

All volunteers must sign a confidentiality agreement when they are accepted.

REFERENCES FOR NEW VOLUNTEER

Reference #1

Name: _____

Address: _____

Phone Number: _____

E-mail: _____

Relationship to Volunteer: _____

Has this person been informed they have been listed as a reference? Yes ____ No ____

Reference #2

Name: _____

Address: _____

Phone Number: _____

E-mail: _____

Relationship to Volunteer: _____

Has this person been informed they have been listed as a reference? Yes ____ No ____



Volunteer Application

The signature below certifies that this application was completed by me and that all entries and information on it are true and complete to the best of my knowledge.

This signature also gives permission for Hub Hospice to retain a confidential volunteer file in my name, including personal information such as name, address, phone numbers, e-mail address, and work/volunteer history, information from interviews and training and references. All information collected by the Hospice is stored securely and used solely only as it applies to your role as a volunteer with the organization.

Signature: _____

Date: _____

Please sign the application form, and bring or mail it to:

Coordinator of Volunteer Services

Hub Hospice Palliative Care

70 Clyde Street, Suite 1

P.O. Box 787

Almonte, Ontario, K0A 1A0