



# Volunteer Application

We appreciate you taking the time to fill out this application. The information you provide will assist us in placing you in an appropriate volunteer opportunity that will match your skills and interests.

## PLEASE PRINT CLEARLY

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Best Time to call: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous volunteer experience? \_\_\_\_\_

How did you become interested in Hospice and why do you wish to become involved as a volunteer?

When are you able to volunteer (weekdays, weekends, mornings, afternoons, evenings)? Please be as specific as possible. \_\_\_\_\_

## Skills and Abilities

Please indicate which skills and abilities you would be interested in sharing with us (check all boxes that apply).

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Baking/Cooking               | <input type="checkbox"/> Reception/clerical experience        | <input type="checkbox"/> Special events                   |
| <input type="checkbox"/> Gardening                    | <input type="checkbox"/> Cashier skills                       | <input type="checkbox"/> Assisting in operation           |
| <input type="checkbox"/> Grant/proposal writing       | <input type="checkbox"/> Computer skills                      | <input type="checkbox"/> Planning/organizing events       |
| <input type="checkbox"/> Heavy lifting/moving hauling | <input type="checkbox"/> Data input                           | <input type="checkbox"/> Set up/tear down                 |
| <input type="checkbox"/> I have a vehicle             | <input type="checkbox"/> Excel                                | <input type="checkbox"/> Soliciting sponsors/donations    |
| <input type="checkbox"/> Host/hostess                 | <input type="checkbox"/> Publisher                            | <input type="checkbox"/> Training volunteers/facilitation |
| <input type="checkbox"/> Languages _____              | <input type="checkbox"/> Word                                 | <input type="checkbox"/> Volunteer recruitment            |
| <input type="checkbox"/> Public speaking              | <input type="checkbox"/> Selling raffle tickets/event tickets | Other: _____  |

### **Please complete this section if you wish to work directly with guests, clients and families**

Employment, volunteer, personal, or school experience in the community with adults/children.

Are you willing to volunteer a minimum of 50 hours per year in return for in-depth training?  Yes  No

Have you experienced a personal bereavement during the past two years?  Yes  No

If yes, please state the date of the death and your relationship to the person.

**Please indicate which positions you are applying for:**

**Direct – Guest and Family Support Services**

- Hospice House (RHH) team member (4 to 8 or 5 to 9 p.m.)
- Hospice Community Support (supporting palliative patients and their families in their home)
- Grief Support (providing one-to-one support to hospice clients)
- Facilitating Grief Support Groups (**children and youth**, 13 wk program; **adults** 10 wk program)
- Hospice House Visiting Volunteer (daytime companionship and grief support)

**Indirect – Society Support Services**

- Clerical support
- Household support (grocery shopping, recycling, sewing, etc.)
- Maintenance and repairs
- Reception- Solace House, Monday-Friday

**Indirect – Resale Shop**

- Cashier
- Marketing
- Processing/sorting

**References**

Please provide two references. Work, volunteer, and personal references. **(No family members please)**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Is your reference aware?  Yes  No

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Is your reference aware?  Yes  No

***Your signature gives the Volunteer Resources Department permission to contact your references.***

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Please email completed form to [info@hospiceprincegeorge.ca](mailto:info@hospiceprincegeorge.ca) or fax to 250-563-2503 and you will be contacted for an interview.**

*Thank-you for your interest in joining the Hospice Society's Team!*