



Volunteer Application Form

Name:

Phone:

Email:

Address:

Postal Code:

(Type answers below; if handwritten, use the back for extra space)

1. What drew your interest to be a Hospice Care Volunteer?

2. Current and/or previous volunteer or related work experiences:

- Tell us about any further training or accreditations

3. What personal qualities and interests will you bring as a Volunteer to the Hospice Society?

- What do you hope to gain from the experience of being a hospice volunteer?

4. Do you have any physical or medical restrictions / conditions that may affect your functions as a volunteer (i.e. allergies, back pain, poor vision or hearing, mobility limitations, etc.)?

5. Areas of interest: What activities or in which areas would you like to volunteer?
(Make selections **BOLD** if typing; check-mark if handwriting)

Organizational

- ☐ clerical/admin duties ☐ mentorship of other volunteers
☐ help at fundraising / educational events ☐ other:

Companionship

- | | |
|---|--|
| <input type="checkbox"/> enjoy singing | <input type="checkbox"/> serving tea and treats |
| <input type="checkbox"/> play a musical instrument | <input type="checkbox"/> help with crafts or hobbies |
| <input type="checkbox"/> playing cards or board games | <input type="checkbox"/> speak various languages |
| <input type="checkbox"/> being present, visiting, listening and sharing | <input type="checkbox"/> special events |
| <input type="checkbox"/> sitting with clients and families as death nears | <input type="checkbox"/> other: |

Respite

- ☐ helping with simple tasks ☐ have special training to help with feeding

Spiritual Support

- ☐
- comfortable talking about spiritual concerns
- ☐
- other: _____

Please note that we need volunteers for work on various committees. Please indicate if we can contact you to tell you about the different volunteer needs that we have. **YES** **NO**

6. Availability:

- a. How much time would you like to spend volunteering?
of hours per week:
or # of hours per month:

- b. What days / times of the week are you available?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

- c. In which communities do you want to volunteer?

7. References

Please provide **two** references that we may contact:

Reference #1: ☐ Business ☐ Personal ☐ Other (specify):

Name:

Title:

Email:

Organization:

Phone (home):

Phone (work):

Reference #2 –The second reference must be a written letter of Reference from another source, other than the reference noted above. Please have the referring individual submit the Letter of Reference directly to the Volunteer Coordinator (emailed to volunteer@camrosehospice.com or mailed to Box 1891, Camrose, AB, T4V 1X8

8. Please read the following and sign below:

I understand that the information provided in this application to volunteer with the Hospice Society of Camrose and District is part of the Volunteer permanent file at the Society. This information will be kept confidential and only be used to assist the Hospice Society in completing its volunteer screening process and in making the best possible match between me and a patient and/or assignment within the Hospice.

I also understand that if I am accepted as a volunteer with the Hospice Society, I am committing to attending Volunteer education and training sessions and to abiding by the Policies and Standards of Practice of the Hospice Society of Camrose and District, including (but not limited to) maintaining the confidentiality of my work with hospice clients.

I hereby certify that all information included in this application form is true and complete. I give permission to an authorized Society representative to conduct reference checks with the above-named referees and release the Hospice Society of Camrose and District and all others from liability in connection with same.

Name:

Signed:

Date: