



# Confidential Volunteer Application Form

<b>Name:</b>		<b>Date:</b>	
<b>Daytime phone:</b>		<b>Evening phone:</b>	
<b>Street/ mailing address:</b>			
<b>Town/Postal code:</b>		<b>e-mail:</b>	
<b>Best time to contact you:</b> <input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening <input type="checkbox"/> weekend			
Attach your resumé or complete the following two sections:			
<b>Are you currently:</b> <input type="checkbox"/> employed <input type="checkbox"/> self employed <input type="checkbox"/> student <input type="checkbox"/> semi-retired <input type="checkbox"/> retired <input type="checkbox"/> volunteer <input type="checkbox"/> other (please specify)			
<b>Employer/Organization</b> (begin with most recent)	<b>Title/Position</b>	<b>Employee/Volunteer</b>	<b>Start/End Dates</b>
<b>Relevant certification:</b> <input type="checkbox"/> palliative care <input type="checkbox"/> bereavement care <input type="checkbox"/> first aid (level    ) <input type="checkbox"/> CPR (level    ) <input type="checkbox"/> cross-cultural training <input type="checkbox"/> mediation/conflict resolution <input type="checkbox"/> valid driver's license <input type="checkbox"/> other (please specify)			
Please list any hobbies, skills or special interests which you would be willing to share with patients, families, staff and/ or other volunteers.			
Are there languages in addition to English which you would be willing to utilize to assist patients or their families who do not speak English? If so, please specify.			
What experience have you had with death? Have you experienced a life-threatening illness in, or bereavement of, a family member or close friend within the past 2 years? Please describe.			
In this community, there are many organizations which are seeking volunteer assistance. What factors contributed to your desire to volunteer at the Foothills Country Hospice?			
Our hospice home is fully accessible and smoke-free. Do you have any other physical requirements we should be aware of which will help us to assist you in your volunteer work? If so, please describe.			

Are there any of the following talents you would be willing to share with the Hospice.

Scrapbooking \_\_\_\_ yes \_\_\_\_no if yes what skill level.

Card Making \_\_\_\_yes \_\_\_\_no.

If yes would you be willing to teach other volunteers \_\_\_\_yes\_\_\_\_ no.

If no would you be willing to learn \_\_\_\_ yes \_\_\_\_no.

**Which of these categories of hospice volunteer work do you want to assist us with:**

- reception  clerical/admin  patient/family orientation  patient support
- patient errands  fund-raising  landscaping  housekeeping  kitchen assistance
- children’s room  cleaning equipment (wheelchairs, walkers, etc.)  other (please specify)

All volunteers who are interested in Patient Support are required to work at Reception for approximately two months and will need to take Palliative Care Training provided by the Hospice.

Please indicate when you would be typically be available to volunteer (please check all that apply) This schedule only covers reception shifts and any other volunteering is flexible and can be discussed at time of interview.

Time	3:30 – 6:00pm	6:00-8:30pm			
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Time	1:00 - 4:00pm	4:00 – 7:00pm			
Saturday					
Time	8:00 – 11:00 am	11:00 – 2:00pm	2:00 – 5:00pm	5:00 – 8:00pm	
Sunday					
Frequency	<input type="checkbox"/> daily	<input type="checkbox"/> weekly	<input type="checkbox"/> biweekly	<input type="checkbox"/> monthly	<input type="checkbox"/> flexible

**Holidays (please specify)**

**Are you legally entitled to work/volunteer in Canada  yes  no**

I understand that the information provided in this application to volunteer with the Foothills Country Hospice Society is part of the permanent volunteer file which will be kept confidential and used only to assist in completing the volunteer screening process and in matching my skills and interests with the needs of the hospice.

I have read and understand the Volunteer Requirements document.  
I hereby certify that all the information included in this application form is true and complete.

**Signature**

**Date**

The Foothills Country Hospice conducts reference checks and by signing above, you grant permission for any named person, agency or employer to be contacted. Please list references here: Preferably list atleast one volunteer experience reference.

Name:	Name:
Phone number:	Phone number:
Title:	Title:
Organization:	Organization:
Relationship:	Relationship:
Time known:	Time known:

<b>For office use only:</b>	
Reference #1 Checked by _____	Date _____
Reference #2 Checked by _____	Date _____
Criminal record check received date _____	
Corticated (list) _____	
Forms <input type="checkbox"/> CA <input type="checkbox"/> VCC <input type="checkbox"/> Role description <input type="checkbox"/> Release <input type="checkbox"/> Parental permission <input type="checkbox"/> Other	