



Confidential Volunteer Application Form

| | | | |
|---|--------------------|----------------------|--|
| Name | | Date | |
| Daytime Phone | | Evening Phone | |
| Street Address | | | |
| Town | Postal Code | Email | |
| Best time to contact you <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Weekend | | | |

Attach your resumé or complete the following section

Are you currently
 Employed
 Self-employed
 Student
 Semi-retired
 Retired
 Volunteer
 Other (please specify)

| Employer/Organization | Title/Position | Employee/Volunteer | Start/End Dates |
|-----------------------|----------------|--------------------|-----------------|
| | | | |
| | | | |
| | | | |

Relevant Certification

| | | |
|--|--|---|
| <input type="checkbox"/> Palliative Care | <input type="checkbox"/> Bereavement Care | <input type="checkbox"/> First Aid (level) |
| <input type="checkbox"/> Cross-cultural Training | <input type="checkbox"/> Mediation/Conflict Resolution | <input type="checkbox"/> CPR (level) |
| <input type="checkbox"/> Valid Driver's License | <input type="checkbox"/> Other | |

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 | 12:00 – 3:00 | 3:00 – 6:00 | 6:00 – 8:00 | |
|-----------|--------------|--------------|-------------|-------------|
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |
| Friday | | | | |
| Time | 1:00 – 4:00 | 4:00 – 7:00 | | |
| Saturday | | | | |
| Time | 8:00 – 11:00 | 11:00 – 2:00 | 2:00 – 5:00 | 5:00 – 8:00 |
| Sunday | | | | |

Frequency Daily Weekly Bi-weekly Monthly 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 at least one volunteer experience reference.

| Reference Check (Please provide two references) | |
|--|-----------------------------|
| Name | Name |
| Phone Number | Phone Number |
| Email | Email |
| Title | Title |
| Company/Organization | Company/Organization |
| Relationship | Relationship |
| Time Known | Time Known |

| For Office Use Only | | |
|--|-------------------|-------------|
| 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 | | |