



APPLICATION FOR VOLUNTEER SERVICE

The information on this form is strictly confidential. It is meant to give Hospice the opportunity to know you a little better and how you would like to contribute.

NAME (Please print) _____

Address _____

Address (mailing) _____ Postal Code _____

Phone #'s: Home _____ Work _____ Cell _____

Alternate contact person/phone number _____

Email _____ Languages spoken besides English _____

Are you employed? Yes No

If yes, where? _____

Please describe your work experience in the last 5 years.

Please describe your volunteer experience.

For office use only

Date application received: _____

Contact notes:

Volunteers are the heart of the Hospice organization and contribute in a variety of ways. In which areas are you most interest in volunteering? Please check your preferences (more than 1 may be chosen).

Client Visiting: You will do this as a trained Client Volunteer supporting people at end of life or bereavement. Visiting may be in the home or facility. All volunteers sign confidentiality forms.

- Fundraising, specifically:**
- Presentations/Solicitations
 - Special events – organization
 - Special events – support

- Office Support**
- Computer Proficient? Yes No
- Mailouts, photocopying
 - Library upkeep; Liaise with library re: Palliative titles

- Publicity**
- Staffing booths at events and giving information to the public about the Squamish Hospice Society
 - Working on newsletters, writing articles

Availability for Hospice commitment: As a volunteer we require you to commit at least 1hr per week to service. Please indicate below which day and time of day would be your preference. Please note however due to the nature of our volunteer activity we may need to request your service outside of these preferred times.

Hours/week:

Please preference:

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Monday |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Tuesday |
| <input type="checkbox"/> Evening | <input type="checkbox"/> Wednesday |
| | <input type="checkbox"/> Thursday |
| | <input type="checkbox"/> Friday |
| | <input type="checkbox"/> Saturday |
| | <input type="checkbox"/> Sunday |

What are your interests and hobbies?

Have you experienced a personal bereavement during the past 2 years? Yes No

As a Hospice volunteer you will regularly confront death. What support systems do you have in place to deal with this experience?

Why have you chosen to be a hospice volunteer & what strengths or special gifts do you bring to this work?

Please provide 2 personal references

Name (please print) _____ **Phone** _____

Address _____

****Email** _____

Name (please print) _____ **Phone** _____

Address _____

****Email** _____

Are you willing to:

- Permit a Criminal Record check?
- Commit to attend the monthly hospice volunteer meeting?

Your signature below gives the Squamish Hospice Society permission to contact your references and confirms your commitment to our program requirements of at least one hour per week of service with the Squamish Hospice Society.

Please note due to the vulnerable nature of those we serve, all applicants will be carefully reviewed by by our screening committee to ensure they are the right fit for Hospice work and that we are the right organization for you to donate your time. We highly value and respect our volunteers and select those most suited to working with a vulnerable population. This work could not be done without our volunteers.

If accepted into this program I will commit for a minimum of one year. As a volunteer, I understand I will be subject to ongoing evaluation.

Confidentiality Statement.

I agree to treat all patient information as confidential.

Signature _____ **Date** _____

For Office Use Only

Date application received _____ Screening interview date _____

Comments and Summary

- Training Completed / Completion Date _____
- Paperwork signed _____
- Post-training interview _____
- Membership signed _____

Signature of Interviewer _____