



## Volunteer Application Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Birth Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

1) How did you learn about the Hospice Volunteer Program?

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Are You Currently:      Employed \_\_\_\_\_ Retired \_\_\_\_\_ Student \_\_\_\_\_

2) Please list any previous work or volunteer experience and special skills or training you may have that are related to the work of Hospice. We encourage you to submit a resume if you have one.

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3) Hobbies/Interests: \_\_\_\_\_

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4) What do you view as qualities and strengths that you would bring as a volunteer with Hospice Greater Moncton?

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5) In what areas of Hospice are you most interested in volunteering? (please check all that apply)

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|---|---|
| <input type="checkbox"/> Emotional Support Provide comfort to the patient and family        | <input type="checkbox"/> Practical support Drives to local appointments etc |
| <input type="checkbox"/> Education community presentations, facilitating                    | <input type="checkbox"/> Special Events/fundraising                         |
| <input type="checkbox"/> Administrative Support helping clerical from home or in the office | <input type="checkbox"/> Other (please specify)                             |

"Compassionate care, celebrating life... even when there is no cure."

6) When would you be available to volunteer?

<input type="checkbox"/> Weekday AM	<input type="checkbox"/> Weekend AM
<input type="checkbox"/> Weekday Afternoons	<input type="checkbox"/> Weekend Afternoons
<input type="checkbox"/> Weekday PM	<input type="checkbox"/> Weekend PM

7) Do you have any medical considerations that may affect your function as a Hospice Volunteer? (ie: allergies, back problems, impaired vision, etc)

NO  Yes (Please specify below)

8) Have you experienced the loss of someone you were close to?

NO  Yes

If Yes, what did you find most helpful for support during this difficult time and what did you learn from the experience?

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9) Do you feel you are ready to help others deal with the issues around death and dying?

NO  Yes

Completion of the 30-hour training program is mandatory before volunteers can enter client homes. This is in accordance with the guidelines of the Canadian Hospice and Palliative Care Association. There will be a \$40.00 fee for this course. You will also be required to complete a Criminal Record Check; these forms will be given to you to submit at the beginning of the course. There will be no fee for the Record Check.

If you are on the wait-list for the next training session, or you are not interested in volunteering with clients; you may begin volunteer ring immediately at our store, on one of our committees, or in our office. Please indicate this under point #5 above.

In case of an emergency, please provide us with a contact person:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please provide us with the names of two references that we will be contacting:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Business  or Personal

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Business  or Personal

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