



Volunteer Application Form

Date: _____

Name _____ Birth Date: _____

Address: _____ Postal Code: _____

Email: _____ Languages: French English

Home Phone: _____ Cell Phone: _____ Work Phone: _____

How did you learn about the Hospice Volunteer Program? _____

Are you currently? Employed _____ Retired _____ Student _____

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

Why do you wish to become a volunteer?: _____

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

- Hospice Care (in-home or residence)
- Hospice Shoppe
- Special Events/Fundraising
- Other (Please specify) _____

Please indicate times you may be available to volunteer:

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Do you have any medical conditions that may affect your function as a Hospice Volunteer?

- No
- Yes (Please specify) _____

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

Name: _____ Phone: _____ Business Personal

Name: _____ Phone: _____ Business Personal

Emergency Contact Name: _____ Relationship: _____

Telephone: (H) _____ (C) _____ (W) _____