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## Application for Volunteer Service

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

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

Name (please print) \_\_\_\_\_

(How would you like your first name to appear on a name tag?) \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone #s: home: \_\_\_\_\_ work (if appropriate) \_\_\_\_\_

e-mail \_\_\_\_\_ Languages spoken besides English \_\_\_\_\_

Birthdate \_\_\_\_\_ Are you employed? Please check:  Yes  No

If yes, where? \_\_\_\_\_

Please describe your work experience in the last five years.

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Please describe your past volunteer experience.

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What are your interests and hobbies?

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Please check off all activities that interest you as a volunteer.

**Auxiliary Volunteer Activities**

- Office reception
- House reception
- General office duties including mail-outs, phoning, processing mail
- Word processing
- Data entry
- Photocopying
- Newsletter writing and coordination
- Library upkeep
- Bingo
- Fundraising
- Special events
- Grounds maintenance
- Lawn mowing
- Weeding
- Snow shoveling
- Grocery shopping
- Building maintenance
- Volunteer coordination
- Decorating (seasonal)

**Client Volunteer Activities**

- Visiting clients in Hospice House
- Visiting clients in the community
- Keeping vigil with a client
- Bereavement follow-up
- Co-facilitation of bereavement support groups
- Meal preparation, baking, serving
- Occasional Cleaning
- Client Laundry
- Quarterly memorial ceremony participation

Have you experienced a personal bereavement during the past two 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?

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Please write a statement about how you first became interested in Hospice and why you wish to become involved as a volunteer. Describe how you hope to benefit and grow personally from this experience.

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If you are willing to transport clients on occasion eg: coffee date, shopping, in-town appointment, scenic drives, etc., please confirm that you have \$2,000,000 liability coverage. Yes \_\_\_ No \_\_\_ (and supply a photocopy of this coverage with your application)

Please provide two personal references:

Name (please print) \_\_\_\_\_ Ph. \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Name (please print) \_\_\_\_\_ Ph. \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Your signature below gives the North Okanagan Hospice Society permission to contact your references. Please return your application to the Hospice office (Volunteer Coordinator office, main floor).

Thank you for completing this application form—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.

Signature \_\_\_\_\_

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*Office use only*

Date application received \_\_\_\_\_ Date (Screening) interview \_\_\_\_\_

Approved for training?  Yes  No

Auxiliary Volunteer Training Session \_\_\_\_\_

Client Volunteer Training Session \_\_\_\_\_

Comments & Summary:

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Signature of Interviewer \_\_\_\_\_