North Okanagan Hospice Society

ph 250.503.1800
fax 250.503.1844
3506 27th Avenue
Vernon, BC V1T 1S4
info@nohs.ca
www.nohs.ca

Application for Volunteer Service

The information on this form is strictly confidential. It is meant help us get to know you and to understand how you would like to contribute.

Date: _____

Name (please print) _____

Address_____ Postal Code_____

Phone #s: home: _____ cell: _____

Email: _____

Languages spoken besides English: _____

The Hospice Volunteer Time Commitment is a minimum of 3 hours per week for one year.
Can you make this time commitment? Yes___ No ___

Please tell us why you wish to be a Hospice volunteer?

_____

_____

_____

Please describe your most recent past work experiences.

_____

_____

_____

Please describe your past volunteer experience.

_____

_____

_____

What are your interests and hobbies?

_____

_____

_____

Hospice House Volunteer Activities

Please check off all activities that interest you.

Auxiliary Volunteers

Office help

- ❒ Reception
- ❒ General office duties including mail-outs, phoning, copying, processing mail
- ❒ Word processing/data entry

Other help

- ❒ Library upkeep
- ❒ Building maintenance
- ❒ Fundraising
- ❒ Special events
- ❒ Decorating (seasonal)

Kitchen Help

- ❒ work with kitchen staff

Outside Work

- ❒ Grounds maintenance

Client Volunteers

Visiting Clients:

- ❒ In Hospice House and/or in the Community
- ❒ Keeping vigil with a client

Grief and Bereavement Support

- ❒ Follow-up contact with families
- ❒ Facilitate support groups (training provided)

Client Services

- ❒ Meal preparation, baking, serving
- ❒ Participate in memorial services

Transporting Clients *(insurance coverage required)*

- ❒ shopping, in-town appointments, scenic drives, coffee dates, etc

If you are willing to drive clients in your vehicle, $2,000,000 liability car insurance is required. Comply?
Yes ___ No ___ Please include a photocopy of your **car insurance** with your application.

Have you experienced the personal loss of a loved one 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?

_____

_____

_____

_____

_____

Do you have any health issues which would prevent you from doing certain types of volunteer work?
Yes: □ No: □
If you answered "Yes," please describe:

_____

_____

_____

How did you hear about volunteering at Hospice House? (please check all that apply)
Word of mouth ___ Newspaper ___ Radio ___ Community Presentation ___
Friend ___ Personal hospice experience ___ Other_____

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.

Signature_____

****

Thank you for completing this application form.
Please return your application by mail or in person to the Client Support Services Manager at Hospice House.

We will contact you about the next steps to joining our volunteer team.