

## **VOLUNTEER APPLICATION FORM**

Thank you for your interest in volunteering with Hospice Wellington. Please be aware that due to a limited number of openings, not all applicants can be accepted for training. We will contact you regarding a screening interview.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Which is your preferred method of contact?** \_\_\_\_\_

**Date of Birth (optional)** \_\_\_\_\_

Please provide us with **Emergency Contact Information:**

**Name:** \_\_\_\_\_ **Relationship to you:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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- 1) Why are you interested in volunteering with Hospice Wellington?
  
  
  
  
  
  
  
  
  
  
  - 2) Have you had any personal experience with a hospice or services that community hospice programs provide?
  
  
  
  
  
  
  
  
  
  
  - 3) Please share information about some of your previous volunteer experience?
  
  
  
  
  
  
  
  
  
  
  - 4) Do you have any special skills, education, or type of employment, hobbies or recreational activities that may be useful for volunteer work with us?

5) Have you experienced a significant loss of a loved one within the last year? Explain.

6) Please indicate below which areas you might be interested in volunteering.

- Palliative Support
- Caregiver Support
- Grief & Bereavement Support
- End-of-Life Vigilling
- Art Therapy
- Complementary Modalities (TT, Reiki, yoga, massage, meditation, etc.)
- Kitchen
- Reception/Office/Admin/Data Entry
- Gardening & handy work
- Public speaking about Hospice
- Fundraising Events
- Other: \_\_\_\_\_

7) In which areas of Wellington County are you willing to volunteer?

Guelph

Fergus/Elora

Other locations in Wellington County

8) Declaration:

I, \_\_\_\_\_, verify that the information provided is accurate and I give permission to Hospice Wellington to verify it. If accepted as a volunteer I will attend an interview, provide reference checks, a criminal record check, and copies of immunization records and a 2-step TB test (note: costs are not covered by Hospice Wellington), and complete a 33 hour Volunteer training program.

I give Hospice Wellington permission to email and/or phone me with information, announcements related to Hospice Wellington related events, services and requests.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_