



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: _____

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:** _____