Compassionate Care  
Hospice Society

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| Name: Date: | | | |
| Address: | | | |
| City: | Province: | | Postal Code: |
| Home Phone #: | | Emergency Contact #: | |
| Alternate #: | | Name: | |
| Email: | | Relationship: | |
| Are you currently:  Employed/ self-employed Student Semi-retired Retired Other | | | |
| May we contact you at your place of employment? No Yes N/A | | | |
| What is the best time to reach you? Morning Day Evening | | | |
| *If you have a resume, you may attach it instead of completing the Training, Experience and Skills sections.* | | | |
| Training: ***(Please list relevant training including formal education and other volunteer training courses. )*** | | | |
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| Experience: (Please list your experience and indicate if it was employment or volunteer.) | | | |
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*Member Application Form*

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| Skills: (Please list any licenses, certificates and special skills you are willing to use as a volunteer for Compassionate Care Hospice Society. E.g. First Aid, Driver’s License, languages) | | | | | | | |
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| What days and times are you typically available to volunteer? (Please check all that apply.) | | | | | | | |
|  | Sun. | Mon. | Tues. | Wed. | Thur. | Fri. | Sat. |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |
| Are there any special holidays when are you are available to volunteer?  No Yes, please list | | | | | | | |
| Please write a little bit about your reasons for applying to be a Hospice Volunteer. | | | | | | | |
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| What skills and interests will you bring as a Hospice Volunteer? | | | | | | | |
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| Do you have any physical or medical restrictions that may affect your function as a volunteer?  No Yes, please describe (i.e. allergies, back, poor vision or hearing etc.) | | | | | | | |
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| Have you had experience working with people with life threatening illnesses?  No Yes, please describe |
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| Have you experienced a significant personal loss?  No Yes, please describe (include how long ago the loss[es] occurred and what  relationship the person[s] was[were] to you) |
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| Please list any hobbies, interests or activities that you enjoy. |
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| Are you legally entitled to work/ volunteer in Canada?  Yes No, please explain |
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| Please provide 2 references: |
| Name: | Name: |
| Address: | Address: |
| Email: | Email: |
| Occupation: Phone #: | Occupation: Phone #: |
| Business Personal Family | Business Personal Family |



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| **Please read the following and sign your application below:** |
| 1. I understand that the inform provided in this application to volunteer with the Compassionate Care Hospice Society is part of the volunteer permanent file at the Society’s office. It will be kept confidential and will only be used to assist in completely the volunteer screening process and in matching me with Hospice clients. |
| 1. I also understand that if I am accepted as a volunteer with the Compassionate Care Hospice Society I am committing to attending education and training sessions for volunteers provided by the society. *Please note: completion of training does not guarantee continued volunteer involvement in a client-related capacity.* |
| 1. I agree to abide by the Polices and Norms of Practice of the Compassionate Care Society. |
| 1. I hereby certify that all the information included in this application form is true and complete. I give permission for an Authorised Society representative to conduct reference checks with the above named referees and release the Compassionate Care Hospice Society and all others from liability in connection with the same. |
| **Applicant Signature: Date:** |

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| **Office Use Only:** |
| Reference 1 checked by: Date: |
| Reference 2 checked by: Date: |
| Criminal Record Check submitted: Date: |
| Interview conducted by: Date: |
| Comments: |
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