



## ***VOLUNTEER APPLICATION FORM***

Surname _____	First Name _____	
Age of Majority? Yes ___ No ___	Gender M <input type="checkbox"/> F <input type="checkbox"/>	
Address _____	City _____	
Province _____	Postal Code _____	Date Completed: _____
Phone Home _____	Work _____	Mobile _____
E-mail _____		
Occupation/Employer/School _____		
In case of Emergency Notify _____	Phone _____	

How did you hear about Hospice? \_\_\_\_\_

Referral? (Friend, volunteer, other) \_\_\_\_\_

Hobbies/Interests(sports/travel) \_\_\_\_\_

Special Skills (Languages, computer, handicrafts, professional, specialties) \_\_\_\_\_

Previous Volunteer Work: \_\_\_\_\_

What times are you available to volunteer?

Weekdays: Mornings \_\_\_\_\_ Afternoons \_\_\_\_\_ Evenings \_\_\_\_\_ Overnight \_\_\_\_\_

Weekends: Mornings \_\_\_\_\_ Afternoons \_\_\_\_\_ Evenings \_\_\_\_\_ Overnight \_\_\_\_\_





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### **Skills and Abilities:**

Please indicate which skills and abilities you would be interested in sharing with us.

- Assisting with Resident Support
- Reception
- Kitchen/baking: I have "Food Safe" \_\_ yes \_\_ no
- Household help – this includes grocery shopping, caring for plants
- Supporting bereaved families
- Plant / Garden / Lawn care
- Fundraising
  - Garage sales / thrift stores
  - Golf tournaments
  - Selling raffle / event tickets
  - Soliciting sponsors / in-kind donations by phone or in person
  - Special events, planning and organizing, set-up and tear-down
  - Hike for Hospice
- Heavy Lifting/ Moving / Hauling: I have a vehicle\_\_ yes \_\_ no
- Speak other languages: please list: \_\_\_\_\_
- Other (please specify): \_\_\_\_\_





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1. Please write a paragraph or two to explain why you want to volunteer at Hospice Renfrew and what your experience is with death and dying. Send this in with your application.
2. Please include a recent resume with your application form.
3. Please complete the enclosed references document. Send this completed document in with your application.
4. PLEASE NOTE:
  - a) You will be asked to submit a Vulnerable Police Check which has been conducted within 1 year of less of the date of this application. Each year you will be asked to complete an Offence Declaration, indicating that you have not been charged or convicted of an offence. **We will give you the necessary documentation to obtain a police check when you come in for your interview.**
  - b) We would appreciate all persons coming into Hospice on a regular basis have an annual flu vaccination. A TB test will be needed if volunteering one on one.
  - c) Provide proof of covid-19 vaccination. Proof means documentation verifying receipt of a vaccination series approved by Health Canada.

***This signature certifies that this application was completed by me and that all the entries and information on it are true and complete to the best of my knowledge.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please sign and date this application form and bring it to Hospice Renfrew or mail to:

Debroah Coelho, Volunteer Coordinator  
Hospice Renfrew  
459 Albert Street  
Renfrew, Ontario K7V 1V8

If you have any questions, please call Debroah at 613-433-3993, ext. 2236  
[dcoelho@hospicerenfrew.ca](mailto:dcoelho@hospicerenfrew.ca)

All Information is Kept Strictly Confidential

Please submit 3 references for our review. **If possible**, only 1 should be a personal reference.



459 Albert Street, Renfrew, Ontario, K7V 1V8  
Phone: 613-433-3993 Fax: 613-432-3618

[www.hospicerenfrew.ca](http://www.hospicerenfrew.ca)



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**Reference 1:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to the volunteer: \_\_\_\_\_

Does this person expect to be contacted by Hospice?    Yes     No

**Reference 2:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to the volunteer: \_\_\_\_\_

Does this person expect to be contacted by Hospice?    Yes     No

**Reference 3:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to the volunteer: \_\_\_\_\_

Does this person expect to be contacted by Hospice?    Yes     No

