



VOLUNTEER APPLICATION FORM

Surname _____ First Name _____

Age of Majority? Yes ___ No ___ Gender M F

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 _____



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

www.hospicerenfrew.ca



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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 _____
- Supporting bereaved families – follow up calls
- Host- Nurturing the Caregiver Gatherings
- Facilitating support groups - able to drive _____
- Garden – Help maintain plants/flowers- Feed wildlife, Spring and Fall flower clean up
- Activity Volunteer: Able to play musical instruments____, Able to sing____, Friendly visits____,
- Fundraising- Events
 - 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 and Events Coordinator
Hospice Renfrew
459 Albert Street
Renfrew, Ontario K7V 1V8

If you have any questions, please call Debroah at 613-433-3993, ext. 2236 or email at:
dcoelho@hospicerenfrew.ca

All Information is Kept Strictly Confidential

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

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

