



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 Renfrew? _____

Referral? (Friend, volunteer, other) _____

Hobbies/Interests(sports/travel) _____

Special Skills(languages, computer, handicrafts, professional specialties) _____

Previous volunteer Work: _____

At what Times are you available to volunteer? Please Check

Weekdays: Mornings _____ Afternoons _____ Evenings _____ Overnight _____



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Weekends: Mornings _____ Afternoons _____ Evenings _____ Overnight _____

Skills and Abilities

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

- Assisting with Resident Support
- Reception
- Office / clerical support
- Kitchen/baking: I have "Food Safe" ___ yes ___ no
- Household help – this includes grocery shopping, caring for plants
- Supporting bereaved families
- Plant / Garden / Lawn care
- Decorating
- 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
 - Bartending: I have a Smart Serve certificate ___ yes ___ no
- Heavy Lifting/ Moving / Hauling: I have a vehicle ___ yes ___ no
- Photography
- Proposal writing
- Public speaking
- Publishing, newsletters, posters, etc.
- Speak other languages: please list: _____
- Other (please specify): _____



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Additional:

1. Please write a paragraph or two, on a separate sheet of paper or on the back of this application form, to explain why you want to volunteer at Hospice and what your experience is with death and dying. Send this in with your application.
2. Please include a recent résumé 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 Police check which has been conducted within 1 year or 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 for your interview.
 - b. We would appreciate all persons coming into the Hospice on a regular basis (volunteers and staff) have a TB test and an annual flu vaccination.

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 the Hospice or mail to:

***Debroah Coelho, Volunteer Coordinator
Hospice Renfrew
459 Albert Street
Renfrew Ont. K7V 1V8***

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

All information is kept strictly confidential.

CARE * COMFORT * COMPASSION

References for New Volunteers

Name of New Volunteer: _____

Phone: _____ Date Completed: _____

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

Reference 1: Name: _____

Address: _____

Phone: _____

Email: _____

Relationship to Volunteer: _____

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

Reference 1: Name: _____

Address: _____

Phone: _____

Email: _____

Relationship to Volunteer: _____

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



Reference 1: Name: _____

Address: _____

Phone: _____

Email: _____

Relationship to Volunteer: _____

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

This signature gives Hospice Renfrew permission to contact my references listed above.

Signature

Date