



OFFICE USE ONLY:

Date received: _____

Interview date: _____

Orientation Date: _____

VOLUNTEER SERVICES APPLICATION

Please Print

Name _____ Sex M F
Address _____
City _____ Prov _____ Postal Code _____
Phone H(519) _____ W(519) _____
Email Address _____

Occupation and/or skills _____

Homemaker Nursing Child Minding Factory/Industrial Teacher Pastoral Care

Therapeutic Touch/Reiki, Etc. Palliative Course

Education and/or related life experience to Hospice: _____

Previous Volunteer Experience _____

Affiliations (**optional** – includes professional associations, social clubs etc.) _____

Special Interests\Hobbies _____

Gardening Reading Arts/Crafts Sports Games/Cards/Chess/Cribbage/Etc.

Pet Therapy Music Therapy other _____

Languages: Spoken _____ Written _____

Emergency Contact: Please list who we may contact in the event of an emergency.

Name: _____ Relationship: _____ Phone Number: _____

Please list two references (other than family)

Name _____ Name _____

Relationship _____ Relationship _____

Telephone _____ Telephone _____

How did you learn about volunteering with The St. Joseph's Hospice?

- ◇ website
- ◇ from a brochure\pamphlet
- ◇ from the telephone directory
- ◇ from a Hospice volunteer
- ◇ from newspaper ad
- ◇ from another agency
- ◇ from a friend\relative\co-worker
- ◇ from a presentation\speech
- ◇ other: _____

I volunteer or wish to volunteer to (you may check more than one):

- ◇ fill in my spare time
- ◇ to help others
- ◇ to give back for the help I or my family received
- ◇ meet new people
- ◇ to gain self satisfaction
- ◇ to use upgrade or learn a new skill
- ◇ other: _____

Additional Comments:

I certify that all the statements made on this form are true, complete and correct. I authorize you to contact the references provided. I understand that any false information on this application will be cause for termination as a volunteer.

I also understand that I must provide a copy of a current vulnerable persons police records check. Additional training may be required dependent on the volunteering activity you choose.

In the event of a change of contact information, I will notify the office within 10 days.

Signature: _____

Date: _____

***Thank you* for your interest in volunteering with St. Joseph's Hospice. If you have a friend or relative who may be interested in volunteering please tell them about our programs!**