



Volunteer Application Form CONFIDENTIAL

Thank you for your interest in volunteering with Hospice Simcoe.
Volunteer Resources screen all applications and will contact those applicants most appropriate for available positions to arrange an interview. Due to the high volume of applications, we are unable to accommodate everyone.

Name _____

Address: _____

City: _____ Postal Code: _____

Nearest Intersection: _____

Home # _____ Work # _____ Cell # _____

Birth date: (MM/DD/YEAR) _____

E-mail: _____

Can we share your contact information with other volunteers and staff? _____ Yes _____ No

In Case of Emergency Contact [Contacts]:

Name _____ Phone: _____

Relationship: _____

Volunteer Positions and Preferences [Demographics]

Which areas you are interested in volunteering?

- | | |
|---|--|
| <input type="checkbox"/> Supporting Clients in our Residential Facility | <input type="checkbox"/> Reception |
| <input type="checkbox"/> Supporting Clients in their home | <input type="checkbox"/> Bereavement Support |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Committee |
| <input type="checkbox"/> Events (Committee) | <input type="checkbox"/> Complementary Therapy
ie. Reiki, massage |
| <input type="checkbox"/> House Family Kitchen | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Community Awareness |
| | <input type="checkbox"/> Other: _____ |

Reason for Volunteering [Notes]

How did you hear about Hospice Simcoe?

Have you or a loved one utilized Hospice Simcoe services? If yes, in what capacity?

Why are you interested in volunteering with Hospice Simcoe?

Have you had experience with the terminally ill? Yes No

Briefly explain

Have you volunteered in the past/or are you currently volunteering? Yes No

If YES, please elaborate (including organizations, type of positions and timeframes)

Work Experience and Education [Training]

Are you currently employed? Yes No

If yes, please attach a current resume.

Please describe your education, skills and abilities that may be beneficial to our organization. **[Training]**

Do you have passion/experience/training in any of the following? **[Training – Skills]**

- | | | | | | | | |
|-----------------|--------------------------|-------------------------|--------------------------|-------------|--------------------------|-----------------|--------------------------|
| Computer | <input type="checkbox"/> | Cooking | <input type="checkbox"/> | Gardening | <input type="checkbox"/> | Hair Dressing | <input type="checkbox"/> |
| Sewing | <input type="checkbox"/> | Sign language | <input type="checkbox"/> | Reflexology | <input type="checkbox"/> | Reiki | <input type="checkbox"/> |
| Massage Therapy | <input type="checkbox"/> | Therapeutic Touch | <input type="checkbox"/> | Meditation | <input type="checkbox"/> | Yoga Instructor | <input type="checkbox"/> |
| Esthetician | <input type="checkbox"/> | Foot Care | <input type="checkbox"/> | Musician | <input type="checkbox"/> | Spiritual Guide | <input type="checkbox"/> |
| Art Therapy | <input type="checkbox"/> | Knitting/
Crocheting | <input type="checkbox"/> | Other _____ | | | |

Hobbies and Leisure [Training]

Other hobbies or interests not mentioned above:

What do you hope to get from your volunteer experience at Hospice Simcoe? **[Notes]**

Availability [Availability]

What is your availability? _____

Approximately how many hours a week can you volunteer? _____

Language and Culture [Demographic]

Faith

Even though Hospice Simcoe is a non-denominational organization, many of our clients find comfort in sharing their religious or spiritual beliefs. Are you affiliated with a particular faith or belief? If yes, please specify:

What is your cultural background? _____

What Cultures are you familiar with? _____

Do you speak, write or read in any languages other than English? Yes No

Speak: _____

Write Read

Speak: _____

Write Read

Have you had a person close to you die within the last year? Yes No

Briefly explain the significance of the loss:

Do you have any physical or medical restrictions/conditions that we need to be aware of? **[Demographics]**

Yes No

Do you have any allergies? Yes No

What do you feel are your greatest strengths?

Briefly describe your personal support system?

We serve families from all walks of life and the definition of family can vary. Describe a situation or experience where your views and opinions (cultural, religious or educational) were different than someone else and what did you learn?

References

Please provide two references other than family.

1. Name: _____ Phone: _____
Email: _____
Nature of relationship: _____

2. Name: _____ Phone: _____
Email: _____
Nature of relationship: _____

I authorize investigation of all statements and references herein and release Hospice Simcoe and all others from liability in connection with same.

I also understand and verify that the information herein is complete and accurate and that untrue, misleading or omitted information herein may result in dismissal regarding the time of discovery by Hospice Simcoe.

In addition to reference checks, all volunteers working with clients will be required to show an up-to-date Police Records Check and Vulnerable Sector Query and any current health screening requirements. Hospice Simcoe will provide a letter confirming your volunteer position. In addition to the above, if accepted as a volunteer, I will complete an interview and the 33-hour Hospice training course.

ALL STATEMENTS BECOME PART OF ANY FUTURE VOLUNTEER PERSONNEL FILES AND WILL BE KEPT STRICTLY CONFIDENTIAL.

APPLICANT'S SIGNATURE

DATE

Please bring your completed application form with you to your interview OR forward your completed application to: Hospice Simcoe, 336 Penetanguishene Road, Barrie, ON, L4M 7C2

Please be aware that completion of the training does not automatically qualify you to become a volunteer.

Revised April 2016