**HOSPICE DUFFERIN**

**APPLICATION FOR VOLUNTEER SERVICE**

*\*Our screening process includes this application form, at least one personal interview, at least two references, a police records check, and a vulnerable sector screening. All information must meet the criteria listed in the Hospice Dufferin policies and procedures to be considered and/or maintain volunteer status.*

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on position-related factors.

Date:

**CONTACT INFORMATION**

NAME

ADDRESS

PHONE

EMAIL

How did you learn about Hospice Dufferin?

Why are you interested in doing Hospice volunteer work?

**AVAILABILITY**

What type of volunteer position are you interested in? (Please check all that apply)

* Palliative Support Service Volunteer (Community Care Companion)
* Bereavement Support Service Volunteer (Grief Guide)
* Legacy Volunteer
* Visiting Network
* Office/Reception Volunteer
* Board of Directors
* Fundraising Volunteer
* Volunteer Committees (Quality committee)
* On-site Program Volunteer (Crafting for Wellness, Meet and Greet, Meditation)
* Client Phone Check In (Bereavement)
* Group lead for activities -you would like to share – I.e. Yoga, meditation, music (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you be interested in helping with our fundraisers?

Committee \_\_\_ Volunteer\_\_\_\_ Participant \_\_\_ Ask Me Later \_\_\_\_

When are you available? (Please check all that apply)

* Evening
* Daytime
* Weekdays
* Weekends

How much time can you give per week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you commit to the Hospice Dufferin training program? Yes \_\_\_\_ No \_\_\_\_

*\*Length of training program depends on Volunteer position. Volunteers working with clients must complete the HPCO volunteer training of 30 online hours. Completion of the training program does not guarantee acceptance as a Hospice Dufferin Volunteer.*

Do you have access to a vehicle you can use for volunteer work? Yes \_\_\_\_ No \_\_\_\_

Would you be willing to drive? Yes \_\_\_\_ No \_\_\_\_

*\*Volunteers who feel that they are able to help with providing transportation for clients will need to complete additional training and provide a copy of their Driver’s License & Automobile Insurance (with confirmation that you carry a minimum of $1 million Third Party Liability coverage) to Hospice Dufferin.*

**EXPERIENCE**

Current/Previous Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupational Status: Full-Time \_\_\_\_ Part-Time \_\_\_\_ Student \_\_\_\_ Retired \_\_\_\_\_

Have you ever done any volunteer work? Yes \_\_\_\_ No \_\_\_\_

Nature of volunteer involvement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list your Hobbies, Skills, Interests, Experiences, Talents and/or Leisure Activities: (This is important for matching volunteers with clients)

Languages spoken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Languages written: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever experienced a significant loss? Yes \_\_\_\_ No \_\_\_\_

When? Less than a year ago \_\_\_\_ 1-2 years ago \_\_\_\_ More than 2 years ago \_\_\_

Please briefly explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you even been a caregiver for a person with a life-threatening illness? Yes \_\_\_ No \_\_\_\_

When? Less than a year ago \_\_\_\_ 1-2 years ago \_\_\_\_ More than 2 years ago \_\_\_\_

Please briefly explain:

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\*The information collected in this application is used for the screening of a potential volunteer. If the candidate is accepted as a volunteer this form will become part of the volunteer’s file. Once a volunteer is assigned, the information shared in this form may be used by Hospice Dufferin to facilitate communication within our organization, or could be used to nominate volunteers for awards outside of our organization. Hospice Dufferin adheres to all legislative requirements with respect to personal privacy.*

**REFERENCES**

Please list 3 people who you have known for more than 2 years that have knowledge of your qualifications, and can speak to your strengths and abilities. These references should be people you know through 3 different relationships and/or situations. (E.g. employer, teacher, clergy, professional colleague, volunteer manager, or friend)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known this person? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known this person? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

How long have you known this person? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize the collection, use, disclosure, and investigation of all statements and references herein and release Hospice Dufferin and all others from liability in connection with same. I also understand and verify that the information herein is complete and accurate, and that discovery of untrue, misleading or omitted information herein may result in dismissal by Hospice Dufferin.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VOLUNTEER CANDIDATE’S SIGNATURE DATE

Please forward your completed application form to:

Hospice Dufferin 30 Centre St., Orangeville, ON L9W 2X1

Or email to [Mriedler@hospicedufferin.com](mailto:Mriedler@hospicedufferin.com)