

APPLICATION FOR HOSPICE ORILLIA VOLUNTEER

Thank you for your interest in becoming a Hospice Orillia Volunteer. This is a general application form. You may be asked to complete additional forms depending on your specific area of interest. Your information is helpful in developing our programs and services so that Hospice Orillia may continue to meet the needs of clients and the community.

This form is confidential and will only be viewed by Hospice Orillia staff.

Mr. _____ Mrs. _____ Ms. _____ Other: _____

Name: _____ Home Phone: _____

Address: _____ Apt. No. _____

City: _____ Postal Code: _____

Email Address: _____ Date of Birth: _____ (D/M/Y)

What is your preferred method of contact? _____

In case of emergency contact:

Name: _____ Home Phone: _____

Relationship: _____ Business Phone: _____

Please place a checkmark beside any of the following areas that may be of interest to you.

Client Support

- Visiting Volunteer
- Bereavement Support
- Life Stories (Legacy Work) Volunteer

Organizational Support

- Administrative Support
- Media/New Media Support
- Special Events & Fundraising
- Hospice Awareness/Education

Languages spoken (other than English): _____

Education

Name of School: _____ Year of Graduation: _____

Program Title: _____ Diploma/Degree: _____

Name of School: _____ Year of Graduation: _____

Program Title: _____ Diploma/Degree: _____

Work Experience

Current Employment (if applicable): _____

Occupation: _____

Volunteer or community service experience

Name of organization: _____ Volunteer position: _____

Duration of volunteering ____/____/____ to ____/____/____

Responsibilities: _____

Name of organization: _____ Volunteer position: _____

Duration of volunteering ____/____/____ to ____/____/____

Responsibilities: _____

Other interests, hobbies, skills:

What skills do you have that may benefit the organization?

Check the times you are most available:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

If you were involved with the Visiting Volunteer program, would you be able to drive a client who needs accompaniment to appointments or on errands?

Yes, in the client's vehicle Yes, in my vehicle No Don't Drive

License Number: _____ Insurance Company: _____

License expiry date / / Insurance expiry date / /
 Month Day Year Month Day Year

Have you had a significant personal loss within the past year? _____

If you have experienced a significant personal loss within the last year, we recommend participating in one of our organizational support volunteer opportunities rather than our client support volunteer opportunities. Client support work can intensify your own grief.

Do you have any physical or medical restrictions that may affect your function as a volunteer? Please describe

How did you hear about our volunteer opportunities?

Newspaper
Poster
Through current volunteer/staff
Internet (or our website)
Community event

Date of Application: _____ **Signature:** _____

Thank you for your interest in volunteering with Hospice Orillia!