



## Volunteer Application Form

Thank you for your interest in becoming a Hospice Orillia Volunteer.  
This is a general application form.

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.*

### Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (DD/MM/YY)

What is your preferred method of contact? \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### Areas of Interest & Availability

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

- |   |   |
|---|---|
| <input type="checkbox"/> Visiting Volunteer     | <input type="checkbox"/> Special Events and Fundraising Support |
| <input type="checkbox"/> Bereavement Volunteer  | <input type="checkbox"/> Awareness & Education Support          |
| <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Other: _____                           |

Check the times you are most available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							



**Education**

Name of School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Program Title: \_\_\_\_\_ Diploma/Degree: \_\_\_\_\_

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Program Title: \_\_\_\_\_ Diploma/Degree: \_\_\_\_\_

**Work Experience**

Current Occupation (if applicable): \_\_\_\_\_

Previous Occupation (if applicable): \_\_\_\_\_

**Volunteer Experience**

Name of organization: \_\_\_\_\_ Volunteer position: \_\_\_\_\_

Duration of volunteering (DD/MM/YY): \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Responsibilities:

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Name of organization: \_\_\_\_\_ Volunteer position: \_\_\_\_\_

Duration of volunteering (DD/MM/YY): \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Responsibilities:

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**Other Interests, Hobbies & Skills**

What skills do you have that may benefit the organization?

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Languages spoken other than English (if applicable): \_\_\_\_\_



**Vehicle Information**

If you were involved with our programs, 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 (DD/MM/YY): \_\_\_/\_\_\_/\_\_\_

Insurance expiry date (DD/MM/YY): \_\_\_/\_\_\_/\_\_\_

**Personal & Medical History**

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

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*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?

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How did you hear about our volunteer opportunities?

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your interest in volunteering with Hospice Orillia!**