



## Hospice Orillia Volunteer Application Package

Thank you for your interest in volunteering at Hospice Orillia!

Volunteers are the backbone of Hospice Orillia. Our work in the community is driven by and supported by people willing to give their time to help support our programs and services. We welcome your interest in becoming a volunteer because it is the volunteer who helps ensure that no family or person in our community bears the burden of illness, loss or grief alone.

*"No act of kindness, no matter how small, is ever wasted." - AESOP*

All Hospice Orillia volunteers are provided with specialized training, both online through Hospice Palliative Care Ontario, and through in-class training at Hospice Orillia. All volunteers are supervised and supported by professional staff members, and are provided with opportunities for ongoing support, education and development.

Hospice Orillia offers many volunteer opportunities, some of which are listed below. If you have a skill to offer that is outside the opportunities listed, please let us know!

- ❖ Visiting Volunteers
- ❖ Bereavement Volunteers
- ❖ Administrative Support
- ❖ Special Events & Fundraising Support
- ❖ Awareness & Education Support

*"Start where you are. Use what you have. Do what you can." - Arthur Ashe*

If you have an hour or two a week to spare, Hospice Orillia would consider it a privilege to have you as a part of our volunteer team! If you are interested in getting the process started, please complete the attached Volunteer Application form and the Reference Check form and provide to:

Stefanie Collins, Program Coordinator

Email: [stefanie@hospiceorillia.ca](mailto:stefanie@hospiceorillia.ca)

Phone: 705-325-0505 ext. 211 Fax: 705-325-7328

Mail: 169 Front Street South, Orillia, ON L3V 4S8

Please do not hesitate to reach out for more information!



## **Becoming a Hospice Orillia Volunteer Process Outline**

### **Step 1: Complete Forms**

Complete the required forms in the Volunteer Application Package (Volunteer Application Form and Reference Check Form), and send to:

Stefanie Collins, Program Coordinator

Email: [stefanie@hospiceorillia.ca](mailto:stefanie@hospiceorillia.ca)

Phone: 705-325-0505 ext. 211 Fax: 705-325-7328

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### **Step 2: Interview**

A staff member of Hospice Orillia will reach out to you to schedule an in-person interview at the Hospice Orillia office.

### **Step 3: Police Vulnerable Sector Check**

At your interview, you will be provided with a Police Vulnerable Sector Check form and letter. You are responsible for completing this form and providing it to your local O.P.P. station. Once you have received the completed check, you are responsible for returning it to Hospice Orillia.

### **Step 4: Reference Check**

A staff member and/or volunteer will contact your references. Please be sure to obtain permission from your references prior to providing their names and contact information.

### **Step 5: Training**

A staff member will register you for the online training component through Hospice Palliative Care Ontario. Please keep Hospice Orillia apprised of your progress and reflections.

A staff member of Hospice Orillia will advise you of the upcoming in-person training sessions. Please see below for more information about which trainings are required for each volunteer position.

**Session 1:** Orientation – required for all new volunteers

**Session 2:** Infection Control & Body Mechanics – required for Visiting Volunteers and Bereavement Support Volunteers

**Session 3:** Bereavement 101 – required for Bereavement Support Volunteers

### **Step 6: Certificate**

Once you have completed your online and in-person training, you will be provided with a Certificate of Completion from Hospice Orillia.

### **Step 7: Volunteer!**

It is time to begin your Hospice Orillia volunteering journey! We are thrilled to have you!



## 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.

Please complete this form and return to Stefanie at Hospice Orillia:  
169 Front Street South, Orillia ON L3V 4S8  
Email: [stefanie@hospiceorillia.ca](mailto:stefanie@hospiceorillia.ca)  
Phone: 705-325-0505 ext. 211  
Fax: 705-325-7328

### 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.

- Visiting Volunteer
- Bereavement Volunteer
- Administrative Support
- Special Events and Fundraising Support
- Awareness & Education Support
- 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: \_\_\_\_\_

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

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Interests, Hobbies & Skills**

What skills do you have that may benefit the organization?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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?

\_\_\_\_\_

*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?

\_\_\_\_\_

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!**



## Reference Check Form

### Instructions:

- 1) Please do not use family members as references.
- 2) Please contact the two individuals who will act as references for you.
- 3) List their names and contact information below.
- 4) Sign the release statement below.
- 5) Return this form along with your Volunteer Application form to Stefanie at Hospice Orillia:

169 Front Street South, Orillia ON L3V 4S8

Email: [stefanie@hospiceorillia.ca](mailto:stefanie@hospiceorillia.ca)

Phone: 705-325-0505 ext. 211

Fax: 705-325-7328

### *Release Statement*

I, \_\_\_\_\_, will contact the individuals listed below to confirm their willingness to act as my personal references. I give my permission to Hospice Orillia to contact these individuals.

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

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

### **Reference #1:**

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

Relationship: \_\_\_\_\_

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

Email: \_\_\_\_\_

### **Reference #2:**

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

Relationship: \_\_\_\_\_

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

Email: \_\_\_\_\_