



VOLUNTEER APPLICATION (Hospice)

We appreciate you taking the time to fill out this application. This will give Vancouver Hospice Society the opportunity to get to know you better and understand how you would like to contribute.

Personal Information:

Date: _____

Name: _____

Address: _____ Postal Code: _____

Mobile Phone: _____ Other Phone(s): _____

Email Address: _____

Emergency Contact Name: _____

Relationship to you: _____

Emergency Contact Phone #: _____

Languages Spoken (besides English): _____

I am interested in the following:

Hospice/Bereavement Volunteer Roles

- Bedside/Deskside Volunteer (visiting patients at the hospice)
- Home Hospice Volunteer (visiting palliative individuals in the community)
- Bereavement Walking Group Bereavement Support Groups
- Healing Touch (providing sessions in hospice and/or community)

Other Volunteer Roles

- HOB Thrift Boutique HOB Too Fundraising/Events
- Administration Grounds/Building Maintenance Marketing/Photography/Social Media

Please describe your work experience in the past five years:

Please describe your volunteer experience:

What are your interests and hobbies?

How did you become interested in hospice and why do you wish to volunteer?

*****Hospice/Bereavement Volunteer applicants, please answer the following:***

Have you experienced a personal bereavement during the past two years?

Yes

No

If yes, please tell us about that experience:

As a hospice volunteer you will regularly confront death. What support systems do you have in place to deal with these experiences?

Availability: Check all that apply (we understand this may change or you may require some flexibility)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REFERENCES (work and/or volunteer related)

Name	Contact Email and Phone Number	Relationship

Signature: _____

Date: _____

<p>OFFICE USE ONLY</p> <p>Interview date: _____ Interviewed by: _____</p> <p>Comments:</p>
