



**HOSPICE VOLUNTEER TRAINING PROGRAM APPLICATION**

<b>PERSONAL INFORMATION</b>	<b>Date of Application:</b>	
Name:	Phone:	
Email:	Cell:	
Mailing Address:	Work:	
	Other:	
Physical Address:	Postal Code:	
Occupation:		
Employer:	Part Time:	Full Time:
Emergency Contact:		
Relationship:	Cell:	
Phone:	Work:	

**1. Are you willing to provide:**

- a) Names, Addresses and Phone Numbers of three (3) references: form is attached
  - b) Criminal Record Check    yes     no  (form will be provided after training is completed)
  - c) Do you have a valid driver's license    yes     no
  - d) Do you have access to a vehicle?    yes     no
  - e) Have you had any driving convictions?    yes     no
- If yes, provide details \_\_\_\_\_

**2. Health:**

- a) Do you have any health concerns or physical restrictions that might affect your volunteer placement?    yes     no
- If yes, provide details \_\_\_\_\_
- b) Have you ever had any serious health issues?    yes     no
- If yes, provide details \_\_\_\_\_
- c) Smoker     Non-smoker
- How would you feel about going into a smoker's home? \_\_\_\_\_
- d) Have you experienced a bereavement or major loss in the past two years?    yes     no
- If yes give details \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**3. Church/Spiritual affiliation (if any):** \_\_\_\_\_

**4. Language (s) spoken:** \_\_\_\_\_



- c) What do you feel are the strengths and limitations that you will bring to your volunteer work?
  
- d) Is there any kind of person or situation that you might find difficult to work with?

**4. SPECIAL INTERESTS / SKILL / EXPERIENCES:**

- a) List your work, educational and other experiences which you feel will assist you as a Hospice Volunteer.
  
- b) Have you done any volunteer work in the past? If so, what did you like/not like about it?
  
- c) Write a short autobiography. We would like to know something about your history, present likes, hobbies and interests. (May use additional paper)
  
- d) Describe your personal experiences with the death and dying of someone close to you.
  
- e) Did completing this application trigger any insights? If so, what?

- I declare all enclosed information to be true and correct to the best of my knowledge.
- I understand that there is a screening process for this course and that I will be notified regarding my application and acceptance or non-acceptance into the course.
- I understand that before acceptance as a volunteer, I will be required to provide the Society with a Criminal Record Check, done by the RCMP within the last two years.
- I understand that there is a three (3) month probationary period at which time there will be an evaluation with the Volunteer Services Coordinator.
- I will respect the confidentiality of the Williams Lake Hospice Society and of their patients and families.

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

*\*\*\*Please note: that fees for Training Materials (\$50) and Annual Membership (\$10) are required. Payment options may be discussed at time of interview\*\*\**

**REFERENCES:**

Please list three (3) references whom we may contact. (Please include last employer, previous volunteer reference, as well as a personal or family reference.)

**Name (of Employer):** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name (of volunteer Activity):** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name (of Personal Reference):** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_, give my permission for Daphne Johnson, Volunteer Services Coordinator of Williams Lake Hospice Society to contact the above named references for the purpose of interviewing to assess my suitability for volunteering for the Williams Lake Hospice Society.

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