



Volunteer Application Form

Please complete all sections of this form. This form is part of the permanent volunteer file at Doane House Hospice & Margaret Bahen Hospice for York Region a division of Better Living Health and Community Services. All volunteer files are confidential and are only available to authorized staff and/or volunteers.

Today's Date	Year:	Month:	Day:
--------------	-------	--------	------

A: GENERAL INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		First Name:	Last Name:
Address:		Unit #:	Date of Birth (DD/MM/YYYY) <i>Optional Used For Statistical Purposes Only</i>
City/Town:	Postal Code:		Nearest Main Intersection:
Telephone (H):	Telephone (C):		Telephone (W)-(Optional):
Email:		Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> E-Mail	
Languages Spoken in addition to English:			
How did you hear about the Margaret Bahen Hospice/Doane House Hospice?			
Have you ever been convicted of a criminal offence for which a pardon has not been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No			

B: PREVIOUS EXPERIENCE

1) Employment Experience
 I am currently:
 Employed Full time Employed Part time Seeking Employment Retired Other _____

Please list current or most recent experience first

Organization	Position Held	From (MM/YY) – To (MM/YY)

2) Volunteer Experience

Have you ever volunteered before? Yes; Please list below No

Organization	Position Held	From (MM/YY) – To (MM/YY)

Please list any training, qualifications, or skills that may be beneficial to our organization (i.e. Public Speaking, Courses, workshops, certificates related to Palliative Care etc.):

C: AREA(S) OF INTEREST

Please indicate which area(s) of the hospice you would like to be involved with:

- | | | |
|--|--|--|
| <input type="checkbox"/> Grief & Bereavement Support | <input type="checkbox"/> Complementary Therapy | <input type="checkbox"/> Driver |
| <input type="checkbox"/> Companionship | <input type="checkbox"/> Kitchen Support | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Office Support | <input type="checkbox"/> Event/Community Awareness | <input type="checkbox"/> Oasis Day Program |

Do you have any restrictions that can affect your volunteer placement?

- | | |
|---|--|
| <input type="checkbox"/> Bad Back | <input type="checkbox"/> Allergies Please specify: |
| <input type="checkbox"/> Fear of Large Dogs | <input type="checkbox"/> Other Please specify: |
| <input type="checkbox"/> Non Smoking environment only | |

Why have you chosen to volunteer for Margaret Bahen Hospice/Doane House Hospice? What do you hope to gain by volunteering with Hospice?

D: AVAILABILITY

Are you willing to commit to at least a 1 year term? Yes No

Please indicate the day(s) that you are available to volunteer:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Daytime	<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"/>

Please indicate the frequency of shifts you are able to commit to:

- Weekly Bi-Weekly Monthly Other:

E: REFERENCES

Please provide the names of three references we may contact. These references must be a combination of **personal (non-relative) and professional**. The references must have known you for over one year (i.e. employer/colleague, previous volunteer coordinator, friend, religious leader, etc).

1. Name:	Phone Number:	Contact During: <input type="checkbox"/> Day <input type="checkbox"/> Evening
Relation:	E-mail:	
2. Name:	Phone Number:	Contact During: <input type="checkbox"/> Day <input type="checkbox"/> Evening
Relation:	E-mail:	
3. Name:	Phone Number:	Contact During: <input type="checkbox"/> Day <input type="checkbox"/> Evening
Relation:	E-mail:	

F: Agreement

Thank you for your interest in volunteering at the Margaret Bahen Hospice/Doane House Hospice. **Please read the following carefully before signing and dating:**

I hereby give permission to Margaret Bahen Hospice/Doane House Hospice to contact the references listed above to conduct reference checks. I understand that the information will be obtained and kept in strict confidence.

I understand that the main purpose of the information provided on this application form is to:

- Ensure the best possible safety and service of our clients, volunteers and staff
- Remain part of the permanent volunteer file at Margaret Bahen Hospice/Doane House Hospice
- Be only available to authorized staff and volunteers
- Assist in evaluating my suitability to be a volunteer

All of the information contained in this application is true and that the misrepresentation of any part of this application will be just and sufficient cause for termination of my volunteer placement.

I understand that Margaret Bahen Hospice/Doane House Hospice reserves the right to accept or not accept volunteer applicants based on the match between the organizations' needs, and the applicant's skills, interests, suitability and availability.

I understand and agree to complete the following as part of my volunteer application:

- An interview
- A Vulnerable Sector Police Check
- Core Concepts in Hospice Palliative Care Training (30 hours)
- Attend a post-training interview/group session

Signature of Applicant:	Date:
Signature of Parent/Guardian: <i>(if you are under 18 years of age)</i>	Date:
Name: Relationship:	Phone number:

Thank you for your time and interest in the Margaret Bahen Hospice/Doane House Hospice. Please return completed application to: **Email: volunteers@myhospice.ca**