



Rm.1325– 6 Albert Street, Parry Sound, ON P2A 3A4

Phone: (705) 746-4540 ext.1416

E-mail: hospice@parrysoundhospice.ca

Website: parrysoundhospice.ca

Volunteer Application

Name: _____

Address: _____

City: _____ Postal Code: _____

Home # _____ Work# _____ Cell# _____

Email: _____

In Case of Emergency Contact: _____

Name: _____ Phone: _____

Relationship: _____

Volunteer Position(s) Being Applied For:

- Client Support Administrative Support Board of Directors
 Fund Development Fundraising Events

Work Experience and Education:

Have you volunteered in the past/or are you currently volunteering? Yes No

If YES, please elaborate (including organizations, type of positions, timeframes, etc.)

Are you currently employed? Yes No

If YES, where are you currently employed and in what capacity:



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Please describe your education, skills, and abilities that may be beneficial to our organization:

What do you hope to get from your volunteer experience at Hospice West Parry Sound?

Language and Culture:

Do you speak, write or read in any language other than English? Yes No

Speak: _____ Write Read

Speak: _____ Write Read

What cultures are you familiar with?

Reason for Volunteering:

Where did you hear about **Hospice West Parry Sound**?

Why would you like to volunteer for **Hospice West Parry Sound**?



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Background Information:

Have you had experience with the terminally ill? Yes No

Have you had a person close to you die within the last year? Yes No

If YES, briefly explain the significance of the loss:

Do you have any physical or medical restrictions/conditions that may affect your function as a volunteer? Yes No

Do you have any allergies? Yes No

What do you feel are your greatest strengths?

Briefly describe your personal support system.

Driving:

Do you have a driver's license? Yes No

Do you have access to a vehicle? Yes No

Do you have up to date insurance coverage? Yes No

Do you have the minimum required insurance that covers 3rd party liability? Yes No

Are you willing to provide transportation to clients as part of your volunteering? Yes No

Please note that you may be required to provide a driving record.



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Hobbies and Leisure:

What hobbies and interests do you have?

Do you have any pets? Yes No

Do you smoke? Yes No

Does smoke bother you? Yes No

Availability:

What is your availability?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How many hours a week would you like to volunteer? _____

References:

Please provide two references other than family

1. Name: _____ Phone: _____
Nature of relationship: _____

2. Name: _____ Phone: _____
Nature of relationship: _____



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I authorize investigation of all statements and references herein and release Hospice West Parry Sound and all other from liability in connection with same.

I also understand and verify that the information herein is complete and accurate and that untrue, misleading or omitted information herein may result in dismissal regarding the time of discovery by Hospice West Parry Sound.

In addition to reference checks, all volunteers working with clients will be **required** to show an up-to-date **Vulnerable Sector Police Check** (a separate form will be provided at the pre-training interview) and current health screening requirements.

ALL STATEMENTS BECOME PART OF ANY FUTURE VOLUNTEER PERSONNEL FILES AND WILL BE KEPT STRICTLY CONFIDENTIAL.

APPLICANT'S SIGNATURE

DATE