



## VOLUNTEER APPLICATION FORM

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

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

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Home: \_\_\_\_\_

Work: \_\_\_\_\_

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

Preferred method of communication:  Phone /  Email

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Are you a past or current volunteer with Nipissing Serenity Hospice? Y / N

**Why** would you like to volunteer with Nipissing Serenity Hospice? What has inspired or motivated you to do so?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**When** are you available to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How frequently are you able to volunteer?

More than once a week     Once a week     Once a month     Occasionally

## Volunteer Positions and Preferences

*Please check as many boxes as you wish.*

- Fundraising and Special Events
  - Christmas Concert — November
  - Girls Night Out Gala — October
  - Hike for Hopice — May
  - Various Third Party Events (Farmers' Market, etc.)
  - No Preference – I can help where needed

Front Desk Reception

Garden/Landscaping

General Office Administration and Clerical Support

Indoor/Outdoor Maintenance

Kitchen Help

Do you have a Food Handler's Certificate? Y / N    Completion Date: \_\_\_\_\_

If not, are you willing to obtain one? Y / N

Resident and Family Support

Have you completed the HPCO Training Program? Y / N    Completion Date: \_\_\_\_\_

If not, are you willing to complete it? Y / N

Have you completed Palliative Training from another organization? Y / N

Which one/completion date: \_\_\_\_\_

Other: \_\_\_\_\_

Please list any special skills that you would be willing to share with our residents and their families (for example: music therapy, complementary therapies, grief and bereavement support, etc.)

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**Personal and Work Experience**

Do you have any relevant education/training? Y / N

If yes, please provide details:

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Do you have any previous volunteer experience? Y / N

If yes, please provide details:

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Do you speak a language other than English? Y / N

If yes, which languages: \_\_\_\_\_

What hobbies and interests to you have? \_\_\_\_\_

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**Background Information**

Have you had experience with the terminall ill? Y / N

Please describe: \_\_\_\_\_

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Do you have any criminal convictions for which a pardon has not been granted? Y / N

Are you willing to provide a recent vulnerable person police check? Y / N

**References**

Please provide one personal and one professional reference. These individuals must be over 20 years of age, have known you for two years or more, and may not be a family member.

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

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

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

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

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

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

***Thank you for your interest in volunteering with Nipissing Serenity Hospice!***

***We appreciate the time you have put into completing this application form  
and will be in touch with you soon.***