



VOLUNTEER APPLICATION FORM

Name: _____ Date: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Home: _____

Work: _____

Email: _____

Preferred method of communication: Phone / Email

Do you speak French? Y / N

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 with Nipissing Serenity Hospice?

	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
- 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 (ex.: music therapy, complementary therapies, grief and bereavement support, etc.)

Personal and Work Experience

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

If yes, please provide details:

Do you have previous volunteer experience? Y / N

If yes, please provide details:

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

If yes, what language(s)? : _____

What hobbies and interest do you have? _____

Background Information

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

Please describe: _____

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: _____

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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.***