**VOLUNTEER APPLICATION FORM**

CONFIDENTIAL

Date of first contact:

Date of second contact:

Date of Interview:

*For office use only*

Date of application:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:                                                                                                                                      18+ years of age (Y/N):**  **Address:                                                                                                                           City:                                  Prov:                      PC:**  **Home Phone:                                                        Cell Phone:                                                        Work Phone:**  **Email:**   |  |  |  |  | | --- | --- | --- | --- | | May we contact you at work: | Yes | No | | | Languages spoken: | English | French | ASL (American Sign Language) | |  | Mandarin | Cantonese | Hindi | |  | Urdu | Other(s): | | |
| **Volunteer Opportunities (Please feel free to check off more than one if you wish)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Administration | Bereavement Support | Complementary Therapy (e.g. music, art, meditation, etc.) | | | | Fundraising | Kitchen | Garden | Reception | Special Events | | Knitting + Sewing | Community Visiting Hospice Services (30hrs Training Required) | | | | | Residential Visiting Hospice Services (30hrs Training Required) | | | | | |
| **Volunteering at Yee Hong Hospice**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1. Why have you chosen to volunteer with Yee Hong Hospice? | | | | | | 1. How did you hear about us? | | | | | | 1. Have you had any experience with the terminally ill? | Yes | No | | | | 1. What experience do you have with death and dying, recovery from loss, frailty or terminal illness?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  | | 1. What are your expectations of being a Hospice volunteer? | | | | | |
| **Hobbies and Leisure**  What are your hobbies and interests?  Do you have any previous volunteer experience? If so, please specify: |
| **Volunteer Availability (You may choose more than one session)**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | | Morning |  |  |  |  |  |  |  | | Afternoon |  |  |  |  |  |  |  | | Evening |  |  |  |  |  |  |  |  1. How many hours in a week are you available to volunteer? 2. What is the best time to contact you for an interview? |

**References (Please provide two references other than family)**

1. Name: Phone:

E-Mail: Relationship:

1. Name: Phone:

E-Mail: Relationship:

**Declaration**

Prior to commencing my volunteer services with Yee Hong P.K. Kwok Hospice:

* I must provide a Police Reference Check to the Volunteer Coordinator
* I will complete the volunteer training modules
* I will attend the volunteer orientation
* I will read the terms and conditions of the Operating Policies and Procedures for Yee Hong Hospice Volunteer Program
* I will make a commitment to support Yee Hong Hospice with its Mission, Vision, and Values

|  |  |
| --- | --- |
| Signature of Applicant | Signature of Program Manager |
| Signature of Parent/Guardian  \*\*Applicants under the age of 18 must have their parent/guardian’s signature\*\* | |