**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\*\* |