

Yee Hong P.K. Kwok Hospice

VOLUNTEER APPLICATION FORM

CONFIDENTIAL

Date of application: _____

Date of first contact: _____

Date of second contact: _____

Date of Interview: _____

For office use only

Name: _____ **18+ years of age (Y/N):** _____

Address: _____ **City:** _____ **Prov:** _____ **Postal Code:** _____

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

- Why have you chosen to volunteer with Yee Hong Hospice? _____

- How did you hear about us? _____
- Have you had any experience with the terminally ill? Yes No
- What experience do you have with death and dying, recovery from loss, frailty or terminal illness? _____

- 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							

Yee Hong P.K. Kwok Hospice

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|-------------------------------------------------------------------|
| 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: _____ |
| 2. 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.
- I commit to volunteering with Yee Hong Hospice for at least two years.

Signature of Applicant

Signature of Program Manager

Signature of Parent/Guardian

****Applicants under the age of 18 must have their parent/guardian's signature****

Please email the completed Volunteer Application form to Nazira.Jaffer@yeehong.com