

Living every moment



laughter • friendship • support • hope

APPLICATION FOR VOLUNTEER SERVICE

Last Name _____ First Name _____

Street _____ Apartment _____

City/Town _____ Province _____

Postal Code _____ Phone: Home _____ Bus. _____

e-mail: _____ Mobile: _____

In case of an Emergency call _____

relationship _____ Phone () _____

If currently employed please list work hours _____

May we call you at work? Yes No

Occupation(s) Past and Present: _____

Name of the company that you are working for or have worked for:

Volunteer Experience _____

Please list any courses, workshops, certificates, related to Palliative Care, Interpersonal Communication, etc.:

Hobbies & Interests: special skills you would like to share

Languages: _____

Why have you chosen Doane House Hospice?

What do you hope to gain by volunteering with Hospice? _____

How did you hear of us? _____

Type of Volunteer work desired:

Client Service Office Support Committee Driver

If you would like to provide transportation, to what areas are you willing to travel?

Do you have any restrictions that can affect your volunteer placement?

bad back fear of large dogs non-smoking environment only

allergies or other - please specify: _____

