

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   |            |  |  |  |
|  |            |  |  |  |

Volunteer Application Form Updated September 2011

| Please list any courses, workshops, certificates, related to Palliative Care, Interpersor Communication, etc.: | nal                            |  |  |
|--|--------------------------------|--|--|
| 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?                          |                                |  |  |
|  | <u>-</u>                       |  |  |
| Do you have any restrictions that can affect your volunteer placement?   |                                |  |  |
| ☐ bad back ☐ fear of large dogs ☐ non-smoking environment only   | ☐ non-smoking environment only |  |  |
| □ allergies or □ other - please specify:   |                                |  |  |

| Days and Hours ava                      | ailable:                                       |   |   |
|---|--|---|---|
| Monday                                  | Tuesday  | Wednesday   | 1                                       |
| Thursday                                | Friday   | Saturday_   |   |
| Sunday                                  |  |   |   |
|   |  | I the importance of voluntee<br>mily members) that we may |   |
| 1. Name                                 |  | Email Address   |   |
| Address                                 |  | Po  | ostal Code                              |
| Phone: home (                           | )  | work ( )  |   |
| 2. Name                                 |  | Email Address   |   |
| Address                                 |  | Po  | ostal Code                              |
| Phone: home (                           | )  | work ( )  |   |
|   | oice has my permissio<br>ve given is accurate. | n to contact the above refe                               | erences. I confirm that                 |
| Signature                               |  | Date _  |   |
| 000000000000000000000000000000000000000 |  | 000000000000000000000000000000000000000                   | 000000000000000000000000000000000000000 |
| FOR OFFICE USE                          | ONLY:  |   |   |
| Interview date                          | Ir   | nterviewed by   |   |
| Placement                               |  |   |   |