

**VOLUNTEER APPLICATION FORM**

Thank you for your interest in volunteering with Hospice Kingston! Please be advised, by completing and signing this form, you are giving us permission to contact your references and otherwise verify that all information is correct. You also agree to allow Hospice Kingston to keep both personal and health information required for you to provide service.

**Name:**

**Address:**

**Postal Code:**

**Home Phone:**

**Cell Phone:**

**Do you have voicemail?** Yes / No

**Email:**

**Do you speak French?** No / Beginner / Intermediate / Fluent

**Other Spoken Languages (optional):**

**Emergency Contact:**

**Emergency Contact’s Phone:**

**What type of volunteer work are you interested in:**

* In-Home Hospice (respite support/visiting in the client’s home)
* Grief and Bereavement Support (group facilitation or one-to-one support)
* Day Wellness Support
* Gardening (Walk at City Park)
* Committee Work
* Special Events
* Administrative/Office Work
* Fundraising
* Speaker’s Bureau
* Board of Directors

**Please indicate your availability (check all that apply):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **AM** |  |  |  |  |  |  |  |
| **PM** |  |  |  |  |  |  |  |
| **Evenings** |  |  |  |  |  |  |  |

**Why do you want to volunteer at Hospice Kingston?**

**Tell us about the goals you hope to achieve through volunteering with Hospice Kingston (check all that apply):**

The development of:

* Interpersonal skills
* Teamwork skills
* Organizational skills
* Communication skills
* Computer literacy skills
* Leadership skills
* Teaching/training skills
* Other skills (please specify):

A chance to:

* Meet new people
* Help people in need
* Learn about hospice palliative care
* Support a cause I care about

**What do you feel are the strengths that you will bring to your volunteer work?**

**Please list any interests/hobbies that you enjoy, and would like to share with a client:**

**Do you have any physical limitations that may impact your work (i.e. lifting, pushing wheelchairs)?**

**Please list the names and daytime phone numbers or email addresses of two professional references;** please do not list relatives as references. Please notify your references that they will be contacted by Hospice Kingston in the near future.

**Name:**

**Relationship to you:**

**Email:**

**Telephone:**

**Name:**

**Relationship to you:**

**Email:**

**Telephone:**

**By completing, signing and submitting this application, I acknowledge that:**

* I am 18 years of age or older and the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission may result in my dismissal if I am accepted as a volunteer.
* I understand that not everyone who applies is accepted as a volunteer.
* I understand that, if applicable, upon acceptance into a volunteer position, I must submit the results of a police records check with the vulnerable sector search.
* I agree to make a regular commitment to Hospice Kingston for a minimum of 1 year/a minimum of 60 hours service.

Personal information contained on this form is collected will be used for the purpose of volunteer selection and placement at Hospice Kingston. We will not share this information otherwise without permission from the applicant, nor do we sell information.

**Signature:**

**Date:**

**As we go through a transition period, please return completed applications to:**

Shannon Randall, Donor Relations Coordinator

**Email:** Shannon.randall@hospicekingston.ca

**Phone:** 613-542-5013 ext. 9 Monday - Thursday

**Fax:** 613-542-6309

**Mail:** Hospice Kingston

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