



Contact Information:

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Thunder Bay, ON P7A 4J2
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2009 VOLUNTEER APPLICATION FORM

“No journey in life is more difficult than the path followed by those suffering a life-threatening illness.”

The Hospice Association of Ontario

Our volunteers come from a variety of backgrounds. What they all share is the experience of losing a loved one. Each is carefully screened to ensure that he/she possesses sensitivity, compassion, excellent communication skills and a desire to be of service to others. All volunteers complete an intensive 36 hour training program conducted by community professionals with a wide variety of skills and expertise.

Hospice Northwest is a member of The Canadian Palliative Care Association, the Hospice Association of Ontario and the Ontario Palliative Care Association. Hospice Northwest is a not-for-profit organization that is partially funded through the Local Health Integration Network and the United Way of Thunder Bay.

PERSONAL INFORMATION

Name: _____ D.O.B. (optional) _____

Address: _____ City: _____ Postal Code: _____

Phone: _____ Email: _____

Language(s) : Spoken: _____ Written: _____

Employment Status: Full Time ____, Part Time ____, Seeking Employment ____, Retired ____, Student ____

What are your hobbies and interests? _____

REASONS FOR VOLUNTEERING

How did you hear that Hospice Northwest is seeking volunteers? _____

What prompted your interest in hospice/palliative care and why does it appeal to you?

Please list specific skills or interests that may be relevant to this particular type of volunteer experience i.e. complementary therapy, nursing training, social work etc.

What has motivated you to seek volunteer work? giving back ____, personal interest ____, believe in cause ____, community involvement ____, to influence policy-makers ____, to build resume ____, you have time to give ____, gain knowledge/ skills ____, ability to contribute ____, to build relationships ____. _____

SUITABILITY FOR POSITION

How many hours/week are you able to commit to your Hospice Northwest volunteer work? _____

What assets or qualities will you bring to Hospice Northwest? _____

Please check off which areas you may be interested in volunteering: visiting clients in their home ____, in St. Joseph's Hospital ____, in long-term care facilities ____, Circle of Friends Support Program ____, Grief/Bereavement Program ____, Admin Support ____, Public Awareness ____, Other ____

Have you ever been a caregiver to a vulnerable person? _____

Have you ever experienced the death of a family member or close friend? _____

VOLUNTEER COMMUNITY EXPERIENCE

Have you been involved with other community/volunteer organizations/establishments?

Name: _____ When: _____

Position: _____

Name: _____ When: _____

Position: _____

REFERENCES

Two written references must be provided for each applicant. References should include people who have known you for a minimum of two years. Tear off the reference forms on the next page and give to your references for them to complete. They should be returned to you in a sealed envelope. Please forward them, along with your completed application form to:

Terri Kannegiesser
Volunteer Coordinator
Hospice Northwest
63 Carrie Street
Thunder Bay, Ontario P7A 4J2
Phone: 807-626-5572
Email: kannegiessert@tbaytel.net
Website: www.hospicenorthwest.ca

Personal information on this form is collected and will only be used to maintain a record of an individual as it pertains to volunteer activities within our agency. Any questions or concerns may be directed to Joan Williams, Executive Director, Hospice Northwest at 626-5575.

Applicant's Signature

Date

2009 HOSPICE NORTHWEST VOLUNTEER REFERENCE FORM

Date: _____ Name of Applicant: _____

Name of Reference

Address of Reference

Phone Number(s) of Reference: _____

Circle the appropriate answer(s) below. Note: Scale Rating - 5 signifies the highest rating.

1. **Availability of Time:** In your opinion, does the person have enough time to assume a significant volunteer responsibility? Yes ___ No ___
2. **Reliability:** On a scale of 1 to 5, rate the applicant's reliability: 1 2 3 4 5
3. **Listening Skills:** Please rate the applicant's listening skills: 1 2 3 4 5
4. **Discretion:** Please rate the applicant's respect for the confidentiality involved with sensitive matters: 1 2 3 4 5
5. **Coping:** Please rate the applicant's ability to cope with stress 1 2 3 4 5
6. Please rate the following characteristics on a scale of 1 to 5: (5 is the highest rating)

Compassion	1	2	3	4	5
Honesty	1	2	3	4	5
Sincerity	1	2	3	4	5
7. How long have you known the applicant? _____ years
8. In what capacity have you known the applicant? (ie. friend, co-worker, etc).

NOTE: For confidentiality reasons, please seal this form in an envelope after completion and return it to the applicant. You may be called again to corroborate the above information.

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Address of Reference

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