

Melissa Hazen, Volunteer Coordinator
Hospice Northwest
63 Carrie Street, Thunder Bay, ON
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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

Hospice Northwest is a member of The Canadian Palliative Care Association and Hospice Palliative Care Ontario. Hospice volunteers possess sensitivity, compassion, excellent communication skills and a desire to be of service to others. All volunteers must complete our accredited hospice volunteer training program.

PERSONAL INFORMATION

Name: _____ Are you 18 years of age or older? Yes ___ No ___
Address: _____ City: _____ Postal Code: _____
Phone: _____ Email: _____
Language(s): Spoken: _____ Written: _____
Employment Status: _____
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 hospital ____, in long-term care facilities ____, Circle of Friends Support Program ____, Grief/Bereavement Program ____, admin support ____, public awareness ____, other ____

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: _____

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. Please forward them, along with your completed application form to:

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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, unless disclosure of such information is compelled by law. Hospice Northwest policies and procedures comply with the Personal Information Protection and Electronic Documents Act (PIPEDA), the Ontario Human Rights Code and the Canadian Human Rights Act. These policies and procedures are posted on our website at www.hospicenorthwest.ca. Please note you have the right to access your personal information from Hospice Northwest at any time, at your request.

Applicant's Signature

Date

HOSPICE NORTHWEST VOLUNTEER REFERENCE FORM

Date: _____ Name of Applicant: _____

Name of Reference: _____

Phone Number of Reference: _____ Signature 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? (I.e. friend, co-worker, etc.)

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