

Volunteer Application Form

Name:				Date:				
Address:								
City:			Province:			Postal Code:		
Home Phone #:				Emergency Contact #:				
Alternate #:				Name:				
Email:				Relationship:				
Are you currently:								
<input type="checkbox"/> Employed/self employed <input type="checkbox"/> Student <input type="checkbox"/> Semi-retired <input type="checkbox"/> Retired <input type="checkbox"/> Other								
May we contact you at your place of employment? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A								
What is the best time to reach you? <input type="checkbox"/> Morning <input type="checkbox"/> Day <input type="checkbox"/> Evening								
<i>If you have a resume, you may attach it instead of completing the Training, Experience and Skills sections.</i>								
Training: (Please list relevant training including formal education and other volunteer training courses.)								
Experience: (Please list your experience and indicate if it was employment or volunteer.)								
Skills: (Please list any licenses, certificates and special skills you are willing to use as a volunteer for Red Deer Hospice Society. E.g. First Aid, Drivers License, languages)								
What days and times are you typically available to volunteer? (Please check all that apply.)								
	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	
Morning								
Afternoon								
Evening								
Are there special holidays when you are available to volunteer? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list								

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Please write a little bit about your reasons for applying to be a Hospice Volunteer.
What skills and interests will you bring as a Hospice Volunteer?
What expectations do you have of being a Hospice Volunteer?
Do you have any physical or medical restrictions that may affect your function as a volunteer? <input type="checkbox"/> No <input type="checkbox"/> Yes, please describe (i.e. allergies, back, poor vision or hearing, etc.)
Have you had experience working with people with life threatening illnesses? <input type="checkbox"/> No <input type="checkbox"/> Yes, please describe
Have you experienced a significant personal loss? <input type="checkbox"/> No <input type="checkbox"/> Yes, please describe (include how long ago the loss[es] occurred and what relationship the person[s] was [were] to you.)
Please list any hobbies, interests or activities that you enjoy.
Are you legally entitled to work/volunteer in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain



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Please provide the names of two references.

Name:	Name:
Address:	Address:
Email:	Email:
Occupation: Ph #:	Occupation: Ph#:
<input type="checkbox"/> Business <input type="checkbox"/> Personal <input type="checkbox"/> Family	<input type="checkbox"/> Business <input type="checkbox"/> Personal <input type="checkbox"/> Family

Please read the following and sign your application below:	
1. I understand that the information provided in this application to volunteer with the Red Deer Hospice Society is part of the volunteer permanent file at the Society's office. It will be kept confidential and only be used to assist in completing the volunteer screening process and in matching me with Hospice clients.	
2. I also understand that if I am accepted as a Volunteer with the Red Deer Hospice Society I am committing to attending education and training sessions for volunteers provided by the Society. <i>Please note: completion of training does not guarantee continued volunteer involvement in a client-related capacity.</i>	
3. I agree to abide by the Policies and Norms of Practice of the Red Deer Hospice Society.	
4. I hereby certify that all the information included in this application form is true and complete. I give permission for an Authorized Society representative to conduct reference checks with the above named referees and release the Red Deer Hospice Society and all others from liability in connection with the same.	
Applicant Signature:	Date:

Office Use only:	
Reference 1 checked by:	Date:
Reference 2 checked by:	Date:
Criminal Record Check submitted:	Date:
Child Welfare Information System Check submitted:	Date:
Interview conducted by:	Date:
Comments:	