



OFFICE USE ONLY:

Date received: \_\_\_\_\_  
Interview date: \_\_\_\_\_  
Orientation Date: \_\_\_\_\_

## VOLUNTEER SERVICES APPLICATION

Please Print

Name \_\_\_\_\_ Sex M F  
Address \_\_\_\_\_  
City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone H(519) \_\_\_\_\_ W(519) \_\_\_\_\_  
Email Address \_\_\_\_\_

Occupation and/or skills \_\_\_\_\_  
Homemaker  Nursing  Child Minding  Factory/Industrial  Teacher  Pastoral Care   
Therapeutic Touch/Reiki, Etc.  Palliative Course   
Education and/or related life experience to Hospice: \_\_\_\_\_  
\_\_\_\_\_  
Previous Volunteer Experience \_\_\_\_\_  
Affiliations (**optional** – includes professional associations, social clubs etc.) \_\_\_\_\_  
\_\_\_\_\_  
Special Interests\Hobbies \_\_\_\_\_  
Gardening  Reading  Arts/Crafts  Sports  Games/Cards/Chess/Cribbage/Etc.   
Pet Therapy  Music Therapy  other \_\_\_\_\_  
Languages: Spoken \_\_\_\_\_ Written \_\_\_\_\_

**Emergency Contact: Please list who we may contact in the event of an emergency.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please list two references (other than family)**

Name _____	Name _____
Relationship _____	Relationship _____
Telephone _____	Telephone _____

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**How did you learn about volunteering with The St. Joseph’s Hospice?**

- ◇ website
- ◇ from a brochure\pamphlet
- ◇ from the telephone directory
- ◇ from a Hospice volunteer
- ◇ from newspaper ad
- ◇ from another agency
- ◇ from a friend\relative\co-worker
- ◇ from a presentation\speech
- ◇ other: \_\_\_\_\_

**I volunteer or wish to volunteer to (you may check more than one):**

- ◇ fill in my spare time
- ◇ to help others
- ◇ to give back for the help I or my family received
- ◇ meet new people
- ◇ to gain self satisfaction
- ◇ to use upgrade or learn a new skill
- ◇ other: \_\_\_\_\_

**Additional Comments:**

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I certify that all the statements made on this form are true, complete and correct. I authorize you to contact the references provided. I understand that any false information on this application will be cause for termination as a volunteer.

I also understand that I must provide a copy of a current vulnerable persons police records check. Additional training may be required dependent on the volunteering activity you choose.

In the event of a change of contact information, I will notify the office within 10 days.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Thank you* for your interest in volunteering with St. Joseph’s Hospice. If you have a friend or relative who may be interested in volunteering please tell them about our programs!**