OFFICE USE ONLY:
Date Received: _____
Interview Date: _____
Orientation Date: _____

VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with St. Joseph's Hospice Resource Centre of Sarnia-Lambton. Our volunteers are the HEART of St. Joseph's Hospice. We would not be able to provide compassionate care to our community during their end-of-life journey without our volunteer's support.

Please complete this application form if you are interested in volunteering with St. Joseph's Hospice.

Due to a significant influx in volunteer applications, not all applicants can be accepted for training. The Volunteer Program Coordinator will contact you regarding a screening interview, based on organizational needs and capacity.

Please print clearly:

VOLUNTEER INFORMATION:

Title:_____First Name:_____Last Name:_____

Address:_____

City:_____Prov:_____Postal Code:_____

Phone: (H)_____(W)_____(C)_____

☐ OK to Call Here ☐ OK to Call Here ☐ OK to Call Here

Email Address:_____

Alternate Email Address (if applicable):_____

Date of Birth (Optional):_____

☐ Student ☐ Employed ☐ Currently Unemployed ☐ Retired

Education and/or related life experience to Hospice:_____

_____

Previous volunteer experiences:_____

_____

Affiliations (Optional) [*professional associations, social clubs, etc.*]:

_____

SKILLS AND INTERESTS:

☐ Cooking/Baking	☐ Sports	☐ Reiki	☐ Understanding of Confidentiality
☐ Computer Skills	☐ Board/Committee	☐ Reflexology	☐ Ability to work well with others
☐ Esthetician	☐ Arts/Crafts	☐ Therapeutic Touch	☐ Ability to work independently
☐ Financial	☐ Caring	☐ Events	
☐ Gardening	☐ Music	☐ Games	
☐ Health Care	☐ Office/Administrative	☐ Listening	
☐ Spirituality	☐ Reading	☐ Compassionate	
☐ Fundraising	☐ Massage Therapy	☐ Understanding	

AREA OF VOLUNTEER INTEREST:

Supportive Services:

- ☐ Adult Bereavement Program
- ☐ Caregiver Support
- ☐ Caring Hearts Children's Program
- ☐ Day Hospice
- ☐ Volunteer Visiting Program
- ☐ Complementary Therapy

Residential Support:

- ☐ Residence Reception
- ☐ Kitchen Team
- ☐ Direct Support Volunteer
- ☐ Garden Care
- ☐ Maintenance
- ☐ Housekeeping

Resource Development:

- ☐ Resource Reception
- ☐ Events & Fundraising
- ☐ Administrative Support (on-need basis)
- ☐ Board/Committees

AVAILABILITY: *(You may select more than one option)*

- ☐ Mornings
- ☐ Afternoons
- ☐ Evenings
- ☐ Mondays
- ☐ Tuesdays
- ☐ Wednesdays
- ☐ Thursdays
- ☐ Fridays
- ☐ Saturdays
- ☐ Sundays

HOW DID YOU LEARN ABOUT VOLUNTEERING WITH ST. JOSEPH'S HOSPICE?

- ☐ Website
- ☐ Brochure/Pamphlet
- ☐ Facebook/Twitter
- ☐ A Hospice Volunteer
- ☐ Newspaper
- ☐ Another Agency
- ☐ Friend/Relative/Coworker
- ☐ Presentation
- ☐ Personal Experience
- ☐ Other: _____

VOLUNTEER REFERENCES:

The individuals must be over 20 years of age, should have known you for more than 2 years and may NOT be a partner, spouse or family member. References will be conducted via e-mail, please ensure the e-mail provided is printed clearly and accurately. By sharing your references on this application, you are providing consent and give your permission to the Volunteer Program Coordinator to contact the references below regarding your application.

*First Name:_____
*Last Name:_____
Home Phone:_____
Work Phone:_____
*Email Address:_____
*Relationship:_____

*First Name:_____
*Last Name:_____
Home Phone:_____
Work Phone:_____
*Email Address:_____
*Relationship:_____

EMERGENCY CONTACT:

First Name:_____Last Name:_____

Phone:_____Alternate Phone:_____

☐ OK to Call Here ☐ OK to Call Here

Relationship:_____

I, _____, confirm that all the statements made on this form are both honest and accurate, giving St. Joseph's Hospice Resource Centre of Sarnia Lambton permission to verify it.

I understand that any false information on this application will be cause for termination as a volunteer. I recognize that not all applications will be accepted. If accepted as a volunteer, I will attend an interview, provide a current Criminal Record and Judicial Matters Check/Vulnerable Sector Check, any required immunization records and attend mandatory training(s). In the event of a change in contact information, I will notify the office within 10 days.

Signature:_____**Date:**_____

Thank you for your interest in volunteering with St. Joseph's Hospice Resource Centre of Sarnia Lambton!