

Please complete and return to:

220 Sherway Drive
Etobicoke, Ontario, M9C 0A7
(416)626-0116 x235
Fax (416) 626-7285
Email: ndzudovich@dlhospice.org

CONFIDENTIAL



VOLUNTEER APPLICATION FORM

Please introduce yourself below and let us get to know you better.

Mr., Mrs., Ms., Miss., _____
(Please circle one) First Name Last Name

Address: _____ Apt# _____

City/Town, Province, _____ Postal Code _____

Birthday: (D/M) _____

How may we contact you?

Telephone		Facsimile		Email	
Home	()	Home	()	Home	
Office	()	Office	()	Office	
Cell	()	Other	()	Other	

Do you have an answering service on your contact numbers? Home Yes No Cell Yes No

May we contact you at work? Yes No If yes, please provide the applicable contact information above.

OK to leave messages? Yes No How often do you check email? _____

How did you learn of The Dorothy Ley Hospice?

Newspaper ad: _____ Internet site: _____

Personal contact: _____ other: _____

Would you like to be added to our general mailing database to receive DLH correspondence, such as the *Seasons* newsletter? Yes No

I. INTERESTS AND SKILLS

Briefly, state why you would like to volunteer with hospice:

Please tell us more about yourself: Employed Retired Other

Please describe your professional qualifications/employment/education history or attach resume:

What have been your past experiences as a volunteer, if any? And why did they end?

Please list education or special skills that may be beneficial to our organization:

Do you speak a language other than English? Yes No If yes, please complete the following:

Language	Speak			Write			Read		
	Basic	Average	Advanced	Basic	Average	Advanced	Basic	Average	Advanced

II. PREFERENCES IN VOLUNTEERING

Is there an area of the organization with which you are particularly interested in serving?

Client Support

- Visiting
- Adults Children
- Driver/Escort
- Complementary Therapy
- Bereavement Group Facilitator

Organization Support

- Hospitality Team
- Board of Directors
- Speaker Bureau
- Special Events

- Committee
- Fundraising
- Volunteer Services

If you would like to volunteer in other ways, please specify _____

It is important that volunteering be a rewarding experience for you. What do you hope to gain from volunteering with The Dorothy Ley Hospice?

III. AVAILABILITY

Please place a ✓ by all days that you are typically available to volunteer

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings 8 – 12							
Afternoons 12 – 5							
Evenings 5 – 9							

The following questions pertain only to Client Support Volunteer applicants.

Have you previously taken Hospice Training? Yes No If yes, when, where?

Have you had experience with the terminally ill or bereaved? Yes No If yes, describe the nature of your involvement:

Working with the dying and bereaved may trigger our own loss history. Have you had a person close to you die within the last year? Yes No

Please share how you deal with personal loss. What helps and what doesn't:

It is the policy of The Dorothy Ley Hospice to provide service to clients and their families without consideration of race, ethnic background, sexual orientation, or religion. Do you have any reservations about complying with this policy? Yes No

What culture(s) do you identify with and/or are knowledgeable of?

How would you respond to a client in a conversation about death and dying?

How would you respond to a client in a conversation about religion and/or spirituality?

IV. REFERENCES

Part 1: Client Support Volunteer Applicants are requested to provide 3 Character References as part of their application. Our process is to provide applicants with a reference questionnaire and cover letter which can then be distributed to your three chosen referees.

Part 2: Police Reference Check is a requirement for any volunteer providing direct client care. The form will be made available to you at the time of an interview. The processing fee is covered by The Dorothy Ley Hospice.

Have you ever been convicted of a criminal offence for which a pardon has not been granted? Yes No

Would you give permission to have a police check record done? Yes No

This is an application to volunteer with The Dorothy Ley Hospice for which there is no monetary compensation.

I understand that the information provided in this application:

- is part of the permanent volunteer file at The Dorothy Ley Hospice
- is kept confidential in secure storage and only available to authorized Hospice staff and volunteers
- will be used to assist The Dorothy Ley Hospice in completing its volunteer screening process
- may be used for educational or evaluative means without providing any indicators

I also understand that if I am accepted as a volunteer with The Dorothy Ley Hospice I am agreeing to:

- fulfill the training requirements respective to the volunteer role and event
- a commitment as applicable to the event(s)
- attend related volunteer support & education sessions provided by The Dorothy Ley Hospice
- abide by the policies and procedures of The Dorothy Ley Hospice

Signature: _____ Date: _____

Thank you for your interest in The Dorothy Ley Hospice.