

**Please complete and return to:**

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Toronto, ON M9C 0A7  
(416) 626-0116 ext. 235  
Fax (416) 626-7285

Email: hthompson@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 \_\_\_\_\_

**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: \_\_\_\_\_

**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:

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?

### Palliative Care

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

### Organization Support

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

- Committee
- Volunteer Team Leadership
- Nutrition Program
- Garden Program

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 Palliative & Bereavement Care 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 palliative individuals 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

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

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

#### IV. REFERENCES

Part 1: Palliative Care Volunteer Applicants are requested to provide 3 Character References as part of their application. Organizational Support volunteers are requested to provide 2 Character References. Our process is to provide applicants with a reference questionnaire and cover letter, which can then be distributed to your chosen referees.

Part 2: Police Reference Check is a requirement for any volunteer providing support to a palliative individual. The Dorothy Ley Hospice asks that you to have the check processed at your local police station and request a copy of the result for our files.

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

Would you give permission for The Dorothy Ley Hospice to keep a copy of your records check on file?  
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.***