

CONFIDENTIAL

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The Dorothy Ley Hospice

VOLUNTEER APPLICATION FORM

Printing, please complete all sections of this form. This form is part of the permanent volunteer file at The Dorothy Ley Hospice. All volunteer information and files are kept confidential in secure storage and are only available to authorized Hospice staff and/or volunteers.

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? _____

In the case of emergency, whom do you wish us to contact?

Name: _____ Relationship: _____

Phone: Home () _____ Work () _____

Cell: _____

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

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

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

Place a checkmark beside any of the following areas that may be of interest to you:

Client Support

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

Organization Support

- Board of Directors
- Reception / Office Work
- Speaker Bureau
- Special Events

- Human Resources
- Committee
- Fundraising

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

Please tell us more about your skills and abilities:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Engineering | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Construction/ Trades | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Architectural | <input type="checkbox"/> Policy Development | <input type="checkbox"/> Financial | <input type="checkbox"/> Social Organization |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Evaluative | <input type="checkbox"/> Political | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Operational | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Technology (IT) | <input type="checkbox"/> Media (Multi) |
| <input type="checkbox"/> Organizational | <input type="checkbox"/> Technology | <input type="checkbox"/> Communications | <input type="checkbox"/> Interior Design |
| <input type="checkbox"/> Other (specify) | | | |

Describe any physical or medical restrictions/conditions that may affect your function as a volunteer and list any allergies that you have: (e.g. pollen)

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

Availability:

Do you have a flexible schedule? Yes No Circle/highlight day(s) of week available: M T W T F S S
 Available: Mornings Afternoons Evenings Weekends

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 If yes, please describe and 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?

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

Would you be able to drive a client who needs accompaniment to appointments or on errands? Yes No

If yes, will you authorize us to make a 3-year Driver Record Search? Yes No

[We would require a photocopy your current Driver's License and Insurance Certificate to be kept on file.]

I understand that the information provided in this application to volunteer with The Dorothy Ley Hospice:

- is part of the permanent volunteer file at The Dorothy Ley Hospice
- is 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 as outlined in the package provided
- a commitment for a period of at least one year, and when supporting a client, 4 hours per week
- attend 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.
We will contact you to schedule an interview.***