



Powell River Hospice Society
P.O. Box 33, Powell River, BC, V8A 4Z5
604.223. 7309 • powellriverhospice@gmail.com

APPLICATION FOR VOLUNTEER SERVICE

The information on this form is strictly confidential. It is meant to give Hospice the opportunity to know you a little better and how you would like to contribute.

NAME (Please print) _____

Mailing Address _____

_____ **Postal Code** _____

Phone #s: Home _____ **Work** _____ **Cell** _____

Alternate contact person/phone number _____

Email _____ **Languages spoken besides English** _____

Are you employed? **Yes** **No**

If yes, where? _____

Please describe your work experience.

Please describe your volunteer experience.

For office use only

Date application received: _____

Contact notes:

Volunteers are the heart of the Hospice organization and contribute in a variety of ways. In which areas are you most interested in volunteering? Please check your preferences (may choose more than one).

Client Visiting **Bereavement Support**

You will do this as a trained Client Volunteer. Visiting may be in the home or facility. All volunteers sign confidentiality forms.

Fundraising, specifically:

- Presentations/solicitations
- Special events – organization
- Special events – support

Office Support

- Computer proficient? Yes No
- Mailouts, photocopying
- Library upkeep; Liaise with library re: hospice/palliative titles

Publicity

- Staffing booths at events and giving information to the public about the Hospice Society
- Working on newsletters, writing articles, etc.

Availability for Hospice commitment: As a volunteer we require you to commit at least 1hr per week to service. Please indicate below which day and time of day would be your preference.

Hours/week:

Please preference(s):

- Morning
- Afternoon
- Evening

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

What are your interests and hobbies?

Have you experienced a personal bereavement during the past 2 years? Yes No

As a Hospice volunteer you will regularly confront death. What support systems do you have in place to deal with this experience?

Why have you chosen to be a hospice volunteer and what strengths or special gifts do you bring to this work?

Please provide 2 personal references

Name (please print) _____ **Phone** _____

Address _____

Email _____

Name (please print) _____ **Phone** _____

Address _____

Email _____

Are you willing to:

- Permit a Criminal Record check?
- Commit to attend volunteer training program and annual refresher course?
- Commit to attend monthly hospice volunteer meetings?

Your signature below gives the Powell River Hospice Society permission to contact your references and confirms your commitment to our program requirements of at least one hour per week of service should you receive a volunteer assignment. Please note due to the vulnerable nature of those we serve, all applicants will be carefully screened to ensure they are the right fit for Hospice work and that we are the right organization for you to donate your time. We highly value and respect our volunteers and select those most suited to working with a vulnerable population. This work could not be done without our volunteers.

If accepted into this program I will commit for a minimum of one year. As a volunteer, I understand I will be subject to ongoing evaluation.

Confidentiality Statement: *I agree to treat all client information as confidential.*

Signature _____ **Date** _____

For Office Use Only

Date application received _____ Screening interview date _____

Comments and Summary

- Training Completed / Completion Date _____
- Paperwork signed
- Post-training interview
- Membership signed

Signature of Interviewer _____