



Volunteer Application Form

Date _____

CONTACT INFORMATION

Name _____ Sex _____

Address _____

Primary Phone _____ Alternate Phone _____

Email _____ Date of Birth _____

EMERGENCY CONTACT

Name _____ Relationship to you _____

Contact information _____

PERSONAL INFORMATION

Please list some of your hobbies and interests.

Please describe your previous volunteer or related experience.

Do you speak any languages other than English? _____ If yes what? _____

Why have you chosen to volunteer for Hospice Lennox & Addington, and why at this particular time in your life?

Have you had a recent loss (death, divorce) within the past year?

How would the person closest to you react to your involvement with dying people?

How do you think your best friend would describe you?

What kinds of experiences (while working with dying people) do you think would most likely to upset you?

Describe a time when you turned to someone for help or support. (It need not have been a professional).

Describe how it felt to approach this person.

What did you see as helpful?

This volunteer position may require you to do some lifting or pushing. Are you able to fulfill this requirement?

- Yes
- No

VOLUNTEER PREFERENCES

If you are approved as a Hospice Lennox & Addington volunteer ...

Who do you prefer to visit?

- Male
- Female
- Does not matter

Do you mind if the client smokes?

- Yes
- No

Do you mind if there are pets in the client's home?

- Yes
- No

AVAILABILITY

Are you able to make a one year commitment to Hospice Lennox & Addington? _____

- Flexible hours or
- Only certain hours. Please check the appropriate boxes for the times you are available.

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

REFERENCES

Please list names and addresses of three references (preferably at least one personal (not family) and one professional)

- 1. _____

- 2. _____

- 3. _____

DECLARATION

I _____ give my permission to Hospice Lennox & Addington to contact the above references and hold the information on this form until I become inactive as a volunteer.

Signature _____ Date _____