

your volunteer work

Organization	Position	From	To	Reason for Leaving

Have you ever applied to volunteer with this organization before? No Yes When? _____

Please check the volunteer areas you are interested in:

- | | | | |
|--|--|--|---|
| <input type="radio"/> Hospice Companion | <input type="radio"/> Newsletter | <input type="radio"/> Hike for Hospice | <input type="radio"/> Bereavement Support |
| <input type="radio"/> Public Relations | <input type="radio"/> Speaker's Bureau | <input type="radio"/> Education/Volunteer Support | <input type="radio"/> Memory Tree |
| <input type="radio"/> Hospice Info Booth | <input type="radio"/> Office | <input type="radio"/> Poinsettia Fundraiser | <input type="radio"/> Raffle Ticket Sales |
| <input type="radio"/> Board/Committee | <input type="radio"/> Conference | <input type="radio"/> Solicit for Prizes/Donations | <input type="radio"/> Other (Specify) |

Please check your skills and experience:

- | | | | |
|---|--|--|--|
| <input type="radio"/> Valid Driver's License | <input type="radio"/> Fundraising | <input type="radio"/> Word Processing | <input type="radio"/> Communication Skills |
| <input type="radio"/> Access to a Vehicle | <input type="radio"/> Clerical | <input type="radio"/> Experience with Elderly | <input type="radio"/> Organization Skills |
| <input type="radio"/> Data Entry | <input type="radio"/> Photography | <input type="radio"/> Work well with people | <input type="radio"/> Musical Instrument |
| <input type="radio"/> Public Speaking | <input type="radio"/> Sales experience | <input type="radio"/> Board/Committee experience | <input type="radio"/> Writing Skills |
| <input type="radio"/> Complimentary Therapies | <input type="radio"/> _____ | <input type="radio"/> _____ | <input type="radio"/> _____ |

Please check the main reason you want to volunteer:

- | | | | |
|--|---|--|--|
| <input type="radio"/> Academic Credit | <input type="radio"/> Improve health care | <input type="radio"/> Employment Experience | <input type="radio"/> Social Interaction |
| <input type="radio"/> Explore Careers | <input type="radio"/> Help others | <input type="radio"/> Relative/friend volunteers | <input type="radio"/> Stay Active & involved |
| <input type="radio"/> Learn new skills | <input type="radio"/> Give back | <input type="radio"/> _____ | |

Please check how you found out about Hospice & Palliative Care Volunteer Program:

- | | | | |
|--|--|---|---------------------------------|
| <input type="radio"/> Physician | <input type="radio"/> School | <input type="radio"/> Poster/brochure/flyer | <input type="radio"/> Community |
| <input type="radio"/> Newspaper | <input type="radio"/> Relative/friend | <input type="radio"/> Volunteer | <input type="radio"/> Radio |
| <input type="radio"/> Recruitment/info/booth | <input type="radio"/> Received Service | <input type="radio"/> Television | <input type="radio"/> Web site |
| <input type="radio"/> Church/Synagogue | <input type="radio"/> Volunteer Centre | <input type="radio"/> _____ | <input type="radio"/> _____ |

Please check preferred volunteer time that you are available:

	Mon.	Tues.	Wed	Thurs.	Fri.	Sat	Sun
Morning							
Afternoon							
Evening							

How long are you prepared to commit?

- 3 years 2 years 1 year+

How many times per week would you like to volunteer?

- Once Twice 3+ times

Are there times of the year when you are not available? e.g. (vacation)

health information

Please list any intellectual or physical disabilities or health problems (include allergies, back problems. etc.) which may affect your ability to perform as a volunteer, and which needs to be taken into consideration when determining your volunteer placement:

Who would you like us to contact in case of an emergency?

Name	Phone Home
Phone Work	Relationship

references

Please list three references; past or present employers, volunteer administrators, teachers etc. You can include one personal/friend reference.

Name	Address and Postal Code	Relationship (Business/Other)	Phone # Day/Evening

I hereby authorize the Volunteer Services Department of Hospice & Palliative Care Manitoba to verify any information supplied by me/applicant to ascertain suitability as a volunteer. I hereby release the Volunteer Services Department of Hospice & Palliative Care Manitoba from all liability for any damage whatsoever for issuing same. I further authorize the Volunteer Services Department to maintain this information in their records and release and absolve them from all liability that may otherwise accrue by reason of their keeping this information and using it for their purpose.

Disclaimer: Because we take our responsibility for clients and service seriously, we screen all our applicants thoroughly. While we try to place every prospective volunteer, management reserves the right to reject any applicant.

I hereby certify that all information in this application form is true and complete.

Signature of Applicant:	Date:
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If you are volunteering for the Community Hospice Volunteer program please fill out back page/page 4.

Complete this section if you are applying for Volunteer work with the Community Hospice Volunteer Program. (Volunteer Visiting Service/Bereavement Support Service).

Have you experienced any losses? If yes, please describe who and when. (Bereavement)

What kind of experience (while working with dying people) do you think would most likely upset you?

Describe a time when you turned to someone for help or support (does not need to be professional help or support)?

Describe how it felt to approach this person:

What was helpful to you?

What strengths and weaknesses do you bring to your volunteer work?

Why have you chosen to volunteer with us, and why at this particular point in your life?

How did you feel about answering the questions on this portion of the application form?