



**hospice &
palliative care
manitoba**

volunteer application form

2109 Portage Avenue Winnipeg, MB R3J 0L3
(204)889-8525 Fax: (204)888-8874 1-800-539-0295
info@manitobahospice.mb.ca | www.manitobahospice.ca

Date: _____

Mr. Mrs. Ms Dr. Sr. Revd.

Last Name: _____	First Name: _____
Middle Name: _____	Preferred Name: _____
Address: _____	Apt. No: _____
City/Town: _____	Province: _____
Postal Code: _____	E-mail: _____
Phone: Home _____	Business _____ Cell _____

I prefer to receive communications at:
 Home Business Cell email

Best Time: _____

Education: Formal education is **not** required to be a volunteer. We welcome experience of all kinds!

	Name of Institution	Level of Educ. Achieved
High School		
Post Secondary		
Professional Training		
Trade or Business		
Other		

Preferred Language: _____ **Language Spoken:** _____

Are you receiving credit for your volunteer work? Yes No **Required number of hours:** _____

employment history

Employment status:

Employed F/T Employed P/T Retired Unemployed

Last three places of employment:

Company Name/Employer	Job Title	From	To	Reason for Leaving

your volunteer work

Organization	Your Placement	From	To	Reason for Leaving

Have you ever applied to volunteer with this organization before?

Yes No When? _____

Please check the areas of volunteer work you are interested in.

EOL Companion Bereavement Support
 Office/Administrative Support Events

Check the skills and experience you have to offer.

Valid Driver's License Fundraising Word processing
 Access to a vehicle Clerical Desk Top Publishing
 Organizational Skills Data entry Creative ideas
 Musical instrument Photography Complementary therapies
 Arts/Crafts Writing skills Communication Skills

Check your main reason for volunteering.

Academic credit Employment Experience Explore careers
 Learn new skills/ Knowledge Give back to the community
 Stay active & involved _____

How did you find out about our volunteer program? _____

Are you prepared to make a minimum of a 1 yr commitment?

Yes No Comments: _____

Are you available during the day? (9-5pm) Yes No

health information

Please list any limitations, or health issues (include allergies, back problems, etc.) which may affect your ability to perform as a volunteer and that you wish to have taken into consideration when pursuing a volunteer placement.

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

Name: _____ **Relationship:** _____

Phone No.

Home: _____ **Work:** _____ **Cell:** _____

References

Please list three references—past or present employers, volunteer administrators, teachers, etc. One reference from a personal friend is acceptable (this does not include family).

Name	How do you know this person? (eg. Manager, supervisor)	Phone No. Day/Evening

I hereby authorize Hospice & Palliative Care Manitoba to verify any information supplied by me in this application form to ascertain my suitability as a volunteer. I hereby release Hospice & Palliative Care Manitoba from all liability for any damage whatsoever for issuing same. I further authorize Hospice & Palliative Care Manitoba 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 Hospice & Palliative Care Manitoba takes it's responsibility for clients and services seriously, we screen all our applicants thoroughly. While we try to accept every prospective volunteer, HPCM 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:** _____

Please turn over and complete Page 4.

- 1. Have you experienced any losses in your personal life? (ex. Death, divorce, health issues, etc.)**

- 2. What kind of experiences in your work with HPCM would most likely upset you?**

- 3. Is there a time in your life when you needed to turn to someone for help or support? (need not have been a professional)**

- 4. Describe how it felt to approach this person.**

- 5. What did you see as helpful?**

- 6. Was there anything that was not helpful?**

What do you feel are the:

- 7. Strengths that you bring to your volunteer work?**

- 8. Weaknesses that you bring to your volunteer work?**