



VOLUNTEER APPLICATION

Thank you for your interest in becoming an HRH volunteer. Individuals under 18 yrs of age will not be accepted in certain positions. This application was developed to obtain as much information as possible to facilitate an effective match between the volunteer and client. As such, some information may seem unduly personal or private. Do not hesitate to ask a hospice staff member if you have any questions or concerns.

First Name _____ Last Name _____

Address _____

City/Town _____, ON Postal Code _____

Home Phone _____ Business Phone _____

Cell Phone _____ Email Address _____

May we call you at your work number? yes no Preferred contact method: phone email

Current Occupation _____ Employer _____

Day and Month of Birth _____ Do you have reliable transportation? _____

Emergency Contact _____ Relationship to you _____

Phone Number of Emergency Contact _____

Languages Spoken _____ Written _____

Please list any allergies you may have _____

Please list any limitations you may have _____

(ie: lifting, animals, vision issues, cigarette smoke, etc.)

How did you learn about Hospice Richmond Hill? _____

Why are you interested in volunteering with HRH? _____

Please indicate the type of volunteer work you wish to do (you may select all areas that interest you):

- | | |
|--|---|
| <input type="checkbox"/> Visiting clients in home or in hospital | <input type="checkbox"/> Community awareness activities |
| <input type="checkbox"/> Complementary Therapy | <input type="checkbox"/> Fundraising and Committee work |
| <input type="checkbox"/> Office work in the hospice office | |

Volunteer or Community Service Experience (past or present):

Interests, Hobbies, Skills:

Courses, Workshops, Certifications, etc.

Has someone close to you died? Yes No How recently? _____

It is not advisable to undertake visitation of palliative clients within the first year following the death of a close family member or friend. We can engage you in other hospice volunteer work, if you wish, until you are able to begin visiting clients.

Please indicate the times you are available for volunteer work.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							
Evening							

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TRAINING REQUIREMENTS for VISITING VOLUNTEERS:

- PalCare Network’s 30-hour **Core Concepts Level One** course. The training program is held at regular intervals. The cost for the training is \$25 fee payable to Hospice Richmond Hill for course materials. You will be registered through the hospice office.
- HRH’s In-House Training. Upon completion of Core Concepts Level One, you will be contacted by hospice staff to set up this training.

MANDATORY SCREENINGS

In order to maintain the integrity of our volunteer base, the following **mandatory screenings** must be completed before you may begin your activities as a Volunteer with Hospice Richmond Hill:

Visiting Volunteers only:

TB and Hepatitis B

Have you ever tested for TB? Yes No Date _____

If No, are you willing to undertake a TB test? Yes No (optional)

We ask that you discuss Hepatitis B vaccine with your doctor.

All volunteers:

Police Screening (Vulnerable Sector Screening) through York Regional Police

Do you agree to submit an application for Police Screening at your own expense?

Yes No (\$20.00 cost must be paid by the volunteer)

Have you ever been convicted of a criminal offence for which:

A pardon has been granted? Yes No

A pardon has not been granted? Yes No

Please list 2 references (not family members) that we may contact:

1. Name _____ Relationship _____

Email _____ Phone _____

2. Name _____ Relationship _____

Email _____ Phone _____

Signature of Applicant: _____ Date: _____

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FOR OFFICE USE ONLY

Date Interviewed: _____ by _____