

**HOSPICE RICHMOND HILL
APPLICATION FOR VOLUNTEER SERVICE**

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.

Last Name _____ First Name _____

Apt # _____ Address _____

City/Town _____, ON Postal Code _____

Home Phone _____ Business Phone _____

Cell Phone _____ Email Address _____

May we call you at your work number? _____ No _____

Current Occupation _____ Employer _____

Date of Birth _____ Do you have a car available? _____

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):

_____ Visiting clients in home or in hospital

_____ Bereavement support to persons who have suffered a loss

_____ Office work in the hospice office

_____ Community awareness activities

_____ Fundraising and Committee work

APPLICATION FORM FOR VOLUNTEER SERVICE

Volunteer or Community Service Experience (past or present):

Interests, Hobbies, Skills:

Courses, Workshops, Certificates, 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 programmers are held at regular intervals for our visiting volunteers. Each visiting volunteers must complete the following:

- Core Concepts One run by PalCare Network is a 10-week training course required by all visiting volunteers. There is a \$10.00 fee for the text binder. We will register you through the hospice office.
- Attend In-house training (3 hour session): bed transfer, universal precautions. Enrollment is automatic with enrollment in Core Concept One.
- Attend ongoing training seminars throughout the year. You will be advised by mail or email as to when these training opportunities arise.

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In order to maintain the integrity of our volunteer base, the following **mandatory screening** 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 through York Regional Police

Do you agree to submit an application for Police Screening at your own expense?
____ Yes ____ No (\$15.00 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: _____ Telephone No. _____

Town/ City _____

2. Name: _____ Telephone No. _____

Town/City _____

Signature of Applicant: _____ Date: _____

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FOR OFFICE USE ONLY

Date Interviewed: _____ by _____