



Hospice Muskoka

Confidential Volunteer Application Form

Name: _____ Phone: _____

Address: _____ Fax: _____

City/Town: _____ Postal Code: _____

E-mail: _____

Birthdate: _____ Allergies: _____
(dd/mm/yyyy)

Emergency Contact Information: Name: _____

Phone: _____ Relationship: _____

Volunteer Positions and Preferences:

In what area would you prefer to volunteer? *(subject to availability of current vacancies)*

Advance Care Planning <input type="checkbox"/> <i>Trained specifically to engage with Family Health Team/NP/MD to connect with the individual through a referral process at the time of diagnosis.</i>	Andy's House Residential Hospice Front Desk <input type="checkbox"/> <i>General reception duties - welcome guests, manage the phones, light housekeeping, assist with the Gift Shop, etc.</i>
Grief and Bereavement <input type="checkbox"/> <i>Specific training to be provided to help residents/clients and families who have lost a loved one. Group or individual.</i>	Kitchen <input type="checkbox"/> <i>Cooking and baking for residents and families, and/or for events. Help with preparation and serving for/at events.</i>
Community Care Giver <input type="checkbox"/> <i>Friendly visits with homebound palliative clients</i>	Bedsitting <input type="checkbox"/> <i>Friendly visiting with the residents at Andy's House so that someone is always with them.</i>
Stories of the Heart <input type="checkbox"/> <i>Legacy project work. Help to collect information from a current resident to provide a story to their family after they pass.</i>	Other <input type="checkbox"/> <i>General maintenance, help with gardens, music, arts and crafts, exercise, spiritual care, alternative therapies, etc.</i> <i>Please indicate: _____</i>
Fundraising: <input type="checkbox"/>	Proposal and/or Grant Writing: <input type="checkbox"/> <i>Do you have prior experience?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
General Administration or Office Help: <input type="checkbox"/> <i>List your proficiencies (Word, Excel, Websites, social media, etc.)</i> _____	Photography: <input type="checkbox"/>
Board Member: <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

Work Experience and Education

Do you have volunteer experience? Yes No

Are you currently employed? Yes No

If yes, where are you currently employed and in what capacity?

Please describe your education, skills and abilities that may be beneficial to our organization.

Reason for Volunteering

Why would you like to volunteer for Hospice Muskoka?

How did you learn about volunteering at Hospice Muskoka?

Background Information

Have you experience with the terminally ill? Yes No

Have you suffered any bereavement within the last year? Yes No

Do you have any physical or medical restrictions/conditions that may affect your function/ safety as a volunteer? Yes No

Do you have any allergies? Yes No

Do you have any criminal convictions that have not been pardoned? Yes No

Hobbies and Leisure

What hobbies and interests do you have? _____

A criminal reference check will be required prior to acceptance as a volunteer.

I _____, do hereby declare that all information provided is true and that I wish this application to be considered for volunteer services for Hospice Muskoka. I understand that any false information on this application will be cause for termination as a Hospice Muskoka Volunteer.

Signature

Date

References: I give permission to contact these individuals by email.

1	Name:	Relationship:
		E-mail:
2	Name:	Relationship:
		E-mail:
3	Name:	Relationship:
		E-mail:

Personal information on this volunteer application form is collected and will only be used to maintain a record of an individual as it pertains to volunteer activities within Hospice Muskoka, unless disclosure of such information is compelled by law.

Please return this form to volunteercoordinator@hospicemuskoka.com

Thank you for your interest in volunteering with Hospice Muskoka.