

VOLUNTEER APPLICATION



Please submit your completed application to Katie Jervis, Coordinator of Volunteers

katie@rotaryhospice.ca | 519-508-4900 x730 | 80 Greenwood Drive, Stratford ON, N5A 0J1

Personal Information			
Full Name: <i>(first & last)</i>			
Address:		City/Town:	ON Postal Code:
Home Phone Number:	Cell Phone Number:	Work Phone Number: <i>(if we may call you there)</i>	
Email Address:		Languages Spoken:	
Primary contact method: <i>(please select one)</i> <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Postal mail		Date of Birth: <i>(mm/dd/yyyy)</i>	
Are you willing to provide a criminal reference check as part of the required screening process? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Emergency Contact Information		
Emergency Contact Name:		Relationship:
Home Phone Number:	Cell Phone Number:	Email Address: <i>(if available)</i>

Employment/Education History	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Employer: Occupation:
Are you currently enrolled in post-secondary education? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Institution: Field of Study:

General Information
How did you hear about Rotary Hospice Stratford Perth?
Why are you interested in becoming a Hospice volunteer?

What qualities or personality traits do you have that you feel could help you in your volunteer role at Rotary Hospice?

Please list any interests/hobbies that you enjoy and would potentially like to share with a client.
(i.e. gardening, music, baking, sports, meditation, etc.)

Previous Experience *(volunteer, work, life)*

Have you done any volunteer/community work recently? Yes No
If yes, please elaborate *(i.e. where, when, for whom, what was your job there?)*

What experience do you have that you feel you could bring to the Rotary Hospice?

What special skills, training or qualifications do you have that would benefit Hospice?

Volunteer Opportunities *(please check all that may be of interest to you)*

Direct Support Volunteer *(visiting with residents and families at the residential hospice)*
Visiting Hospice Volunteer *(visiting clients in the community/client's home)*
Kitchen *(meal preparation, snacks, baking, cooking, etc.)*
Reception/Administrative Support *(telephones, greeting, filing, photocopying, data entry, etc.)*
Fundraising *(presentations, soliciting donations, event assistance)*
Special Events
Hospice Building *(gardening, grounds keeping, maintenance, seasonal decorating)*
Housekeeping/Laundry
Committee Member and Area(s) of Interest:
Board Member
Public Awareness *(presentations to variety of group sizes)*
Complementary Therapies *e.g. music, therapeutic touch, reiki, yoga, massage*. Please explain what you are certified in:

Availability: When are you able to volunteer? (please check all that apply)							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How frequently are you available to volunteer?				<input type="checkbox"/> > Once a Week <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly			

References	
<ul style="list-style-type: none"> • Reference checks will be <u>done online</u>. Please include your reference's correct email address. • Please provide us with the names of three people who have agreed to act as a reference for you. • These individuals must be over 20 years of age, should have known you for more than 2 years and may not be a partner, spouse or family member. • References should, if possible, include a volunteer agency, work supervisor or a person who has worked with you on a project or committee. 	
First & Last Name:	Relationship:
Telephone Number:	Email:
First & Last Name:	Relationship:
Telephone Number:	Email:
First & Last Name:	Relationship:
Telephone Number:	Email:

Authorization and Signature
<p>I, _____ confirm that the information given above is true and accurate to the best of my knowledge. I give my permission to Rotary Hospice Stratford Perth to contact my references regarding my application after the completion of the personal interview. I understand that any information collected by the Rotary Hospice Stratford Perth will be kept confidential and will not be passed on to any person or agency without my express permission.</p> <p>Signature: _____ Date: _____</p>