



VOLUNTEER APPLICATION

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

Email: kjervis@stratfordperthhospice.ca • Fax: 519-273-6993

Mail: Stratford Perth Residential Hospice, Box 25004, Huron Street Post Office, Stratford, ON, N5A 0B4

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 Stratford Perth Rotary Hospice?
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 the Hospice?

Please list any interests/hobbies that you enjoy and would potentially like to share with a client.
(i.e. gardening, music, baking, sports, mediation, 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 Stratford Perth 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 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 *i.e. 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 Stratford Perth Rotary Hospice to contact my references regarding my application after the completion of the personal interview. I understand that any information collected by the Stratford Perth Rotary Hospice will be kept confidential and will not be passed on to any person or agency without my express permission.</p> <p>Signature: _____ Date: _____</p>