

# VOLUNTEER APPLICATION



Please submit your completed application to Gord Jackson, Coordinator of Volunteers  
gord@rotaryhospice.ca | 519-508-4900 x730 | 80 Greenwood Drive, Stratford ON, N5A 0J1

Personal Information			
Full Name: <i>(first &amp; 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 *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"> <li>• Reference checks will be <u>done online</u>. Please include your reference's correct email address.</li> <li>• Please provide us with the names of <b>three people</b> who have agreed to act as a reference for you.</li> <li>• 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.</li> <li>• References should, if possible, include a volunteer agency, work supervisor or a person who has worked with you on a project or committee.</li> </ul>	
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>