



Volunteer Application

Volunteer Information

Name:		Date:
Address:		Phone:
City:	Postal Code:	Email:
Interested In : <input type="checkbox"/> Visiting Hospice (Client Care) <input type="checkbox"/> Driving <input type="checkbox"/> Fundraising <input type="checkbox"/> Residential Hospice (Client Care) <input type="checkbox"/> Advocacy <input type="checkbox"/> Caring for Children <input type="checkbox"/> Board Member <input type="checkbox"/> Other _____		
Emergency Contact:		Phone:

About You

Please list any previous related work/volunteer experience or community work:
Please list any related special skills, education, training or qualities you have:
Have you had any personal bereavement experience?
Do you communicate in languages other than English? <input type="checkbox"/> Yes Language: _____ <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write

Client Interactions

I feel comfortable volunteering with clients who are or diagnosed with: (select all that apply) <input type="checkbox"/> All <input type="checkbox"/> Cancer <input type="checkbox"/> Heart Disease <input type="checkbox"/> Lung Disease <input type="checkbox"/> Kidney Disease <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Hepatitis <input type="checkbox"/> A.L.S <input type="checkbox"/> Dementia <input type="checkbox"/> Alzheimer's <input type="checkbox"/> Physical Disability <input type="checkbox"/> Mental Disability
I am willing to visit clients who are: (select all that apply) <input type="checkbox"/> All <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Elderly <input type="checkbox"/> Children <input type="checkbox"/> Have young children <input type="checkbox"/> Own dog(s) <input type="checkbox"/> Own cat(s) <input type="checkbox"/> Own other pet(s) <input type="checkbox"/> Smoke in home <input type="checkbox"/> Smoke but not in home
Do you have any barriers that could inhibit your ability to volunteer? What accommodations could we provide?

Office USE ONLY:

Reviewed by:	Date:
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