



VOLUNTEER APPLICATION
-CONFIDENTIAL-

Name: _____ Address: _____

Phone: _____ Cell: _____

E-Mail: _____

In Case of Emergency Contact:

Name: _____ Phone: _____ Relationship: _____

In what aspect(s) of our work would you prefer to volunteer?

- | | |
|---|--|
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Bender House Resident Support |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Kitchen/Reception |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Gardening/Groundskeeping |
| <input type="checkbox"/> Community Volunteer Visiting | <input type="checkbox"/> Building Maintenance |
| <input type="checkbox"/> High School Student (40 hours) | <input type="checkbox"/> Complementary Therapies |
| <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Other _____ |

Exploring your motivation:

Why would you like to volunteer with Huron Hospice? _____

How did you learn about volunteering with Huron Hospice? _____

Work Experience and Education

Place of business (or former place of business) /Occupation _____

Please describe your employment /education history



Do you speak any languages other than English? No Yes
If yes, please state: _____

Do you have any of these certificates or special training?

HPCO/Fundamentals of Palliative Care: Y ___ N ___ Date: _____

Safe Food Handling: Y ___ N ___ Date: _____

Palliative Training from another organization: Y ___ N ___ Date: _____

Other (please provide detail & date received): _____

Please provide 2 references (over 20 years of age; have known you for more than 2 years; may not be your spouse, partner, or family member). One of your references could be your supervisor or coworker from previous or current volunteer work.

1. Name: _____

Nature of Relationship: _____ Email address: _____

Work Phone # _____ Best time to call _____

Home Phone # _____ Best time to call _____

2. Name: _____

Nature of Relationship: _____ Email address: _____

Work Phone # _____ Best time to call _____

Home Phone # _____ Best time to call _____

May we contact your references? No Yes

Your signature _____ Date _____

Thank you for your interest in the Huron Hospice Volunteer Service! We will contact you to schedule an Interview.

Please Return To:

Huron Hospice, Attn: Volunteer Coordinator
98 Shipley Street, Clinton, ON
NOM 1L0
519-482-3440 Ext. 6300