



4615 Granville Street
Vancouver BC V6H 3M1
604-737-7305

VOLUNTEER APPLICATION

We appreciate you taking the time to fill out this application. It is meant to give Vancouver Hospice Society the opportunity to get to know you better and to understand how you would like to contribute.

Name: _____ Date: _____
Address: _____ Postal Code: _____
Phone#: Home: _____ Cell: _____ Work: _____
E-mail Address: _____
Languages spoken (besides English): _____

Please describe your work experience in the past five years:

Please describe your volunteer experience:

What are your interests and hobbies?

Please check off all activities that interest you as a VHS volunteer:

- | | |
|--|---|
| <input type="radio"/> Visiting clients in the community | <input type="radio"/> The HOB, Thrift Store |
| <input type="radio"/> Visiting clients in the Hospice Home | <input type="radio"/> HOB Too, Thrift Store |
| <input type="radio"/> Children's Grief Group | <input type="radio"/> Special Events |
| <input type="radio"/> Bereavement Walking Group | <input type="radio"/> Information Booths (mall, workshop, etc.) |
| <input type="radio"/> Bereavement follow up | <input type="radio"/> Working in the office of Hospice Home |
| <input type="radio"/> Healing Touch | |

Have you experienced a personal bereavement during the past two years? Yes No
Please tell us about that experience.

How did you become interested in Hospice and why do you wish to volunteer?

As a Hospice Volunteer you will regularly confront death. What support systems do you have in place to deal with this experience?

Emergency Contact: _____

Relationship: _____ Phone # _____

References: (work or volunteer related)

1. Name: _____ Phone # _____

How do you know this person? _____

2. Name: _____ Phone # _____

How do you know this person? _____

Confidentiality Agreement:

- As a volunteer for the VHS, I understand that I will be exposed to confidential information about clients and their families.**
- I recognize that clients' names are confidential as is any information about them.**
- I understand that I may not discuss our clients with my significant other, friends or family, nor will I reveal any information that could lead to identification of the client or their family.**
- I understand that a breach of confidentiality may be sufficient reason for termination as a volunteer.**

Signature: _____ Date: _____

Thank you for taking the time to fill in this form. The information on this form is strictly confidential.

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OFFICE USE ONLY:

Date of Pre-Training Interview: _____ Interviewed by: _____

Comments & Summary: