



Volunteer Services
**HILL HOUSE
HOSPICE**

VOLUNTEER APPLICATION FORM

First Name _____ Last Name _____

Address _____

City _____ Province _____ Postal Code _____

Home Tel. _____ Work Tel. _____

Mobile _____ Email _____

Date of Birth (MM/DD/YYYY) _____

Driver's License? ☐ Yes ☐ No Car available? ☐ Yes ☐ No

Languages spoken _____

Do you have any allergies? If yes, please specify _____

Present or most recent occupation _____

Student? If yes, specify school _____

Highest education completed _____

Volunteer or community service experience?

How did you hear about Hill House Hospice?

☐ Friend/Relative ☐ Hill House Volunteer ☐ Hill House Website ☐ Hill House Social Media

☐ Other _____

What attracted you to hospice?

Do you have any concerns or questions about working in a hospice?

Do you have any physical limitations?

36 Wright Street, Richmond Hill, ON L4C 4A1

hillhousehospice.com | T: 905-737-9308

Working with residents and families can be emotionally draining at times and it is important that you have emotional support outside the Hospice. Briefly describe your personal support system and how you deal with stress.

Have you experienced any losses (bereavement, job, close relationship, etc.) within the past 12 months?

How do you cope with the loss in your experiences?

Emergency Contact

Name _____ Relationship to You _____
Home Tel. _____ Work Tel. _____
Mobile _____ Email _____

Which days and times are you available to volunteer?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Which roles interest you?

- ☐ House Volunteer or House Maintenance Volunteer (over 18 years old)
- ☐ Community Ambassador Volunteer (over 18 years old)
- ☐ Community Ambassador Student Volunteer (students only)

Do you have any special skills or expertise such as baking, music, games, sewing, hair cutting, painting, etc?

Is there any other information you would like us to know?

References:

Hill House Hospice requires two reference checks for all volunteers. Please list two people (other than immediate family) who have known you for a minimum of two years. References can be supervisors, work colleagues, teachers, professors or community leaders.

Name _____ Relationship _____

Telephone _____ Email _____

Name _____ Relationship _____

Telephone _____ Email _____

To maintain our Hospice's integrity and protect our residents, a screening process will include an interview, a review of your references, and a Police Volunteer Screening. Once you are accepted into the Volunteer Program, we request that you sign a Pledge of Confidentiality and attend a palliative care education course.

I give permission for the information I have provided on this application form to be given to Hill House Hospice staff and volunteers in connection with my volunteer service at Hill House Hospice. I authorize Hill House Hospice to contact my listed references.

I declare that the above information is true and complete to the best of my knowledge.

I understand that a false statement may disqualify me or cause my dismissal.

Signed: _____ Date: _____
(MM/DD/YYYY)